CMP
United Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

14 January 2006

Supermarkets and IT top list of pharmacy fears

RPSGB calls for tighter controls on wholesaling

First a tornado – now fire guts jinxed pharmacy

To sell or not to sell – the value of pharmacies

PIONEERING POWERFUL PHARMACY ONLY

Ibuleve. The undisputed No.1 selling OTC topical NSAID brand

- Unchallenged brand leader for 14 consecutive years
- Over **24 million** packs sold
- Unlike other brands, **Ibuleve is only sold in Pharmacy**
- The only one with **clinically proven effectiveness** to match oral ibuprofen (in soft tissue injuries)[1]
- Unique, advanced, **penetrating formulation can deliver up to 5x active ingredient**[2] compared to less sophisticated formulations of ibuprofen

Pioneering, Powerful and Pharmacy led.
There is only one Ibuleve.

THE BEST SELLING OTC TOPICAL NSAID[3] FROM A COMPANY OF BRAND LEADERS

References: 1. Whitefield M, O'Kane CJA and Anderson S (2002) Comparative efficacy of a proprietary topical ibuprofen gel and oral ibuprofen in acute soft tissue injuries: a randomized, double-blind study. Journal of Clinical Pharmacy and Therapeutics 27, 409-417. 2. Hadgraft J, et al (2003) Skin Penetration of Topical Formulations of Ibuprofen 5%. An In Vitro comparative study. Skin Pharmacology and applied Skin Physiology Vol 16, No 3. pp. 137-142. 3. Source: IRI, MAT October 2005, Value Sales, Total All Outlets.


CLINICALLY
PROVEN
PAIN
RELIEF
WITHOUT
PILLS

NUROFEN®

PLUS

£750k support campaign

No stronger painkiller available without prescription

PRODUCT INFORMATION FOR NUROFEN PLUS

Nurofen Plus: Each tablet contains 200mg ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur. **Indications:** For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza. **Dosage and Administration:** Adults and Children over 12 years: one or two tablets every four to six hours. Do not take more than 6 tablets in 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually. **Contraindications:** Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of Bronchospasm, rhinitis, urticana, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constipation. **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may detenorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Nurofen Plus tablets should be used with caution in those

The label will state: Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist, consult your doctor. **The label will state:** (On outer pack) Do not take every day for long periods of time unless told to do so by your doctor. (On Patient Information Leaflet) Do not take more than the stated dose of this medicine. Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine. If you find you need to use this product all the time, see your doctor straight away. Side effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. **Product licence Number:** PL 00327/0082 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** P. **Price:** MRRP from £2.67

Published Saturdays byCMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at:
http://www.dotpharmacy.com/

Subscriptions: (Home) £173 per annum; (Overseas & Eire) $412 per annum. Single copies C&D £3.50 (postage extra). Extra Price List for subscribers: £16 per single copy; for non-subscribers: £55 per single copy. Subscription plus addtional Price List: UK £173 plus £120; overseas: $412 plus $205.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 468811 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

www.dotpharmacy.com

C&D

Chemist& Druggist

The Newsweekly for Pharmacy

Volume 265 No 6528
First published September 15, 1859
ISSN 0009-3033

Thisweek

Regulars

Pharmacyupdate

Features

IT and supermarkets top pharmacy concerns

by Max Gosney

ETP and the growth of supermarket giants are some of the biggest concerns among pharmacists, a survey of UniChem customers has revealed.

An IT solution topped contractors' wish list at the wholesaler's pharmacy consultative board (PCB) meeting for the South of England region held in Chessington, Surrey.

Yogin Patel, chairman of the event, which provided a forum for feedback from UniChem customers, said: "Pharmacists raised several concerns over ETP. There is confusion over which system supplier to use, connections to broadband and the process of staff training. There's not enough information."

Contractors cited a lack of clarity around the expansion of supermarket groups as another key issue, reported Mr Patel. He said: "Tesco and Asda have recently announced plans for growth and contractors want to know if they intend to include pharmacy services. This could have a major impact on OTC and other services."

Mr Patel claimed that an increase in online pharmacies had also hit contractors' profits. He said: "UniChem customers explained how trade had not been fantastically buoyant over Christmas. There is a feeling that more customers are buying medicines over the internet, from supermarket websites for example. Contractors want to be made aware when there has been an application to set up an online pharmacy in their area."

Contractors had applauded UniChem's efforts to address issues raised from the previous PCB, claimed Mr Patel.

The wholesaler had successfully addressed feedback on issues including manufacturer out of stocks, specials and medicines use reviews, he said.

Mr Patel, who runs the Baywood Chemists in Notting Hill, London, said that current concerns would be addressed at UniChem's next PCB meeting for the South in March.

Pharmacy worries:

- Information on ETP.
- Rise of supermarkets.
- Increase in e-pharmacies.
- Category M.
- Impact of the Alliance-UniChem merger with Boots on services.

E-pharmacies have hit contractors hard, said consultative board chairman Yogin Patel

PRACTICE

RPSGB calls for Government action after ITV programme fools MHRA

The Royal Pharmaceutical Society has called on the Government to look into the way the Medicines and Healthcare products Regulatory Agency regulates wholesalers in the UK following an investigation by ITV's *Tonight with Trevor McDonald* show.

Taking the theme: 'Is your medicine fake?', the programme conducted an exposé of the MHRA's wholesaler licensing procedures. In a sting-style operation, Graham Satchwell, former GSK director of security and currently managing director of anti-counterfeit firm, Procro Solutions, set up a bogus wholesale operation and applied to the MHRA for a wholesale dealer licence.

According to Mr Satchwell, the MHRA failed to carry out basic checks such as verifying the given details of the company, such as its name and address, and the backgrounds of its directors.

Mr Satchwell said: "The idea was to illustrate that the system is open to abuse, and that in this country you can very easily become a wholesaler without the proper checks. There were no tricks – it was a straightforward application that told lies. Anybody with a criminal intent could have done the same. There are people who have told such lies and are out there trading."

In a statement issued after the programme, the MHRA said that it keeps its licensing procedures under review, and that these are subject to external analysis by bodies such as the National Audit Office.

It also added that providing false information in support of a licence application under the *Medicines Act 1968* is a criminal offence, and that it will consider taking action in this case.

However, David Pruce, director of practice and quality improvement at the RPSGB backed ITV's findings. He said: "We are extremely concerned about the ease with which the programme obtained a wholesaler dealer's licence. This system urgently needs review in order to prevent it being used as a potential route for counterfeit medicines to enter the legitimate medicine supply chain." **AC**

David Pruce: concerned by how easy it was to obtain a licence from the MHRA

NORTHERN IRELAND

DHSSPS publishes spending plans

For the first time, the Department of Health, Social Services and Public Safety in Northern Ireland has published details of how it intends to spend its £3.3 billion budget in 2005-06.

The DHSSPS aims to improve accountability and detail how it spends the money it receives.

Two-thirds of the budget will be used to purchase hospital care, community health and personal social services through HSS boards. The remaining £1.1bn will purchase family practitioner services from GPs, dentists, opticians and pharmacists.

- The DHSSPS aims to phase in the new pharmacy contract in Northern Ireland from April. The first meeting of the service specification sub group met in December 2005 and they will meet again on January 18. As with negotiations in England and Scotland, Northern Ireland will be using a cost inquiry survey to investigate the costs incurred by community pharmacists.

Jeremy Pardoe

Pharmacy owner Rakesh Sirpal expects fire damage to cost over the £25,000 he paid to refit after tornado hit

PRACTICE

Fire ravages a jinxed Birmingham pharmacy

by Max Gosney

A Birmingham pharmacy has been left gutted by fire just six months after it was struck by a tornado.

Rakesh Sirpal, proprietor of the Sirpal Chemist on Ladypool Road at Sparkbrook, was bemused after the business was left stricken for the second time in a short period.

"At the moment I'm just trying to get my head round it. The damage from the fire was pretty severe. It started on the ground floor and spread upstairs," he said.

Mr Sirpal, whose pharmacy also suffered a damaged roof and broken windows after Birmingham was hit by a cyclone last summer, predicted a hefty repair bill following the fire. He said: "It cost around £25,000 to re-fit after the tornado. But that was mostly external damage. With the fire there's a lot of damage from the flames, smoke and water, so I think this will be significantly more."

However, Mr Sirpal, who runs four pharmacies across Birmingham, refused to be downbeat over his apparent streak of bad luck. "The other way to look at these events is that somebody is looking out for me. It could have been a lot worse and I am thankful nobody was injured. I'm just looking forward to getting the whole thing sorted out now."

The fire, early on January 2, may have been caused by an electrical fault.

The pharmacy is likely to remain closed until April.

● Has your pharmacy been hit by a natural disaster? Whether it's floods, fires or hurricane strength winds, *C&D* would be keen to hear from you. Please call or e-mail Max Gosney on 01732 377315 or *mgosney@cmpinformation.com*

In brief

Slozem recall

Merck Pharmaceuticals is recalling a batch of Slozem (diltiazem) Capsules 300mg after finding some packs were incorrectly labelled 240mg on the foil.

Details of the affected batch are: batch no 50709; expiry date 03/2008, pack size 28. Pharmacists should quarantine any remaining stock and return to their supplier for credit.

Queries about stock returns should be addressed to tel: 01284 717693 and medical queries to 01895 452307.

Diamorphine stocks

The Department of Health and the National Assembly for Wales have agreed to allow NCSO (no cheaper stock obtainable) endorsements for January prescriptions for: diamorphine injection ampoules 5mg, 10mg, 30mg, 100mg, and 500mg.

Aurum recall

Aurum Pharmaceuticals Ltd is recalling a batch of ephedrine hydrochloride pre-filled syringes 3mg per ml due to the discovery of an ephedrine syringe erroneously labelled as atropine sulphate injection 3mg in 10ml.

Pharmacists should quarantine any stock (batch no 315480; expiry date 08/2007; pack size single syringe in plastic box) and return to their supplier for credit.

For queries regarding stock returns, contact Cardinal Health/Martindale Pharmaceuticals customer services on 01277 266608. For medical enquiries, call 01708 382791.

Guide to ibuprofen

This week's issue includes a guide to using ibuprofen in children. The booklet looks at the neurobiology, psychology and treatment of paediatric pain and is sponsored by Crookes Healthcare.

PRACTICE

Long's pharmacy praised for shortening queues

An Islington pharmacist has scooped an NHS prize after pioneering services which helped relieve pressure on a local hospital.

Mike Long, who runs the Highbury Pharmacy in North London, was praised by Islington Primary Care Trust after his anti-coagulation tests helped cut queues at the Whittington hospital near Archway.

Mr Long expressed his delight at the award and called for his local PCT to support his initiative. He said: "In 20 years as a pharmacist nobody has said thanks so I was quite touched. It's very accessible for patients and fits well with pharmacists because of our knowledge of drugs. I'm hoping the scheme is rolled out by Islington PCT."

The pharmacy provided anti-coagulation services for around 20 patients during the pilot project though it could expand to up to 50 people, added Mr Long. **MG**

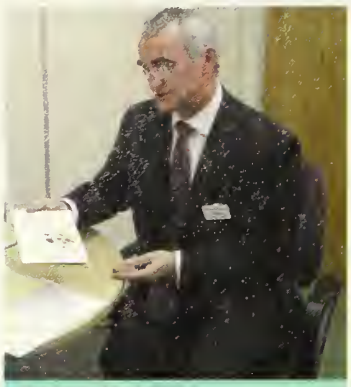
Pharmacist Mike Long, winner of an NHS star

Alliance pharmacist hits 200 MUR mark

Graham North, from Milford on Sea in Hampshire, has become the first pharmacist at Alliance Pharmacy to conduct 200 medicines use reviews.

Mr North says that 40 per cent of the total have been GP-led or arose in support of PCT/GP practice prescribing initiatives. He believes that supporting PCT/GP prescription targets, and putting in place simple systems for flagging potential MUR patients have been key to this success.

"Pharmacists already have well developed skills concerning medicines use from everyday practice. The selection of MUR patients is the pharmacist's choice, allowing them to keep to areas that they are confident with," he told *C&D*.



Graham North: 40 per cent of MUR total was GP/PCT led

An audit of the MURs performed at the Milford on Sea branch also reveals that around 75 per cent resulted in an intervention or action; the top five interventions include:

- Side effects requiring prescription changes.
- Advice on specific medicines, administration technique or dosing.
- Risk reduction requiring a change of prescription.
- Dose optimisation changes proposed.
- Recommendations for prescription changes according to NICE guidelines.

Noting the recent uplift in the maximum number of MUR/PIs to 250 (*C&D, December 17, 2005, p4*), Mr North believes patients locally could benefit. "The potential for MURs in my practice is significantly higher than the 200 MUR/PI limit," he said. **AC**

POLICY

Pharmacy holds key to patient choice

Giving pharmacists the chance to run extra healthcare services would help deliver a patient pleasing NHS, an independent think-tank has concluded.

The Social Market Foundation report, *Registering Choice: how primary care should change to meet patient needs*, concludes that extending the role of community pharmacy could be one way to deliver real patient choice in primary care.

In a wide-ranging critique of NHS primary care services, report author Professor Paul Corrigan concludes that the NHS only offers patients hypothetical choice. He said: "Closed lists, restrictions regarding where we can register and GP surgeries offering almost identical services mean even those of us lucky enough to have a choice of GP find we have very little to choose between."

Yet care could be dramatically improved, he suggests, if the public had the opportunity to differentiate primary care by constructing different care models. Professor Corrigan said: "The public service ethos has been robust enough to survive coming into contact with GPs working in small businesses. Extending the provision of primary care to pharmacists who share that ethos does not seem to add greatly to that danger."

However, PCTs, as the core organisers of primary care, will also need to change, he suggests, noting that the current market is "sticky" for new players to enter.

Commenting, the NPA warns that for the sector to have a dramatic impact on capacity, pharmacy needs to have equal access to local professional representation, the commissioning process and access to data. Stephen Fishwick, NPA head of NHS service development, said: "While pressing for a level playing field, pharmacists should not wait for this state of affairs to emerge. PCTs are naturally distracted by NHS reconfiguration, so pharmacists may need to make the first move in engaging commissioners about the services they can offer."

PSNC

Avoid fees from gas changes, says PSNC

Contractors should check oxygen cylinder rental terms with gas supply firm Medigas to avoid excess charges after the transfer of the home oxygen service, PSNC has advised.

Medigas will bill pharmacies failing to return F or IF size cylinders by the February 1 deadline £2 per month per unit, said PSNC. Rental fees would not be reimbursed by the PPA, warned PSNC.

The organisation urged pharmacists to seek advice from their insurers when deciding whether to accept or reject the changes to the terms and conditions of the oxygen contract with Medigas. **MG**

Nicorette 16-hour patch.

No more than necessary.

A 15mg patch specifically designed to deliver only 16-hours of nicotine for effective smoking cessation[1]

- Mimics patients' smoking patterns to avoid nocturnal nicotine
- Does not add to the sleep disturbance associated with nicotine withdrawal[2,3]

Prescribing information can be found on adjacent page.

nicorette®
nicotine

A smart choice. A serious chance.

www.nicorette.co.uk

DoH stresses £13 premise fee rise is reasonable

The £13 increase in the RPSGB's premises retention fee will provide it with a reasonable income to fulfil its inspectorate function while limiting the rise payable by pharmacies, the Department of Health has said.

The DoH's decision raises the premises retention fee by 9.5 per cent to £150 and follows a regulatory impact assessment of the RPSGB's proposal to increase the premises retention fee for 2006 by 16.8 per cent to £160. It also follows a consultation, during which the Company Chemists' Association, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and the Association of Independent Multiple Pharmacies jointly indicated their concern that the RPSGB's rationale for the rise was insufficient.

They voiced particular concern that the RPSGB's paper did not assist in understanding why increased costs associated with regulation should fall on premises fees. Scottish pay negotiators, the Scottish Pharmaceutical General Council, also outlined their concern about the merits of the RPSGB's business case for a staged increase of up to £200 over three years.

Making its decision, the DoH accepted that:

- Like other regulators the RPSGB has increased its cost base in response to increasing demands for greater professionalism, accountability and transparency from stakeholders.
- There should be some compensation for the withdrawal of funding from the SEHD for the Scottish Drug Testing Scheme.
- The RPSGB has become overly reliant on the financial contribution from its publications activities, resulting in a corresponding deterioration in its reserves. Noting the RPSGB's policy of reducing the publications contribution as a subsidy for the Society's professional and regulatory activities, it accepts that under-resourcing the RPSGB inspectorate would give rise to greater risk to human health.

However, the DoH also believes the RPSGB's publications division can make a substantial contribution to its total income and that the additional financial impact of accepting the RPSGB's proposed increase would be £282,900 to the pharmacy sector. It also notes that between 2000 and 2005, the member's fee has risen by 85 per cent to £256 and the premises retention fee by 54 per cent to £137. **AC**

C&D

C&D sponsors 2006 practice research award

C&D is again sponsoring this year's RPSGB Practice Research Award.

The award, which is open for nominations/applications until March 31, will be presented at the British Pharmaceutical Conference (BPC) in September 2006. The award aims to recognise individuals who have made a significant contribution to pharmacy practice research and have the potential to become a leader in their field.

The winner of the award will receive a medal, a cheque for £1,000 and will be able to deliver a 30-minute lecture at BPC 2006. This should be based primarily on the applicant's own research but should also draw on relevant published work from related fields including health policy.

Last year's award was won by Bryony Dean Franklin, director of the Academic Pharmacy Unit in London.

This year the BPC will take the theme *Personalised Medicines in Healthcare*, and is scheduled to take place between September 4-6 at the Manchester International Convention Centre.

POLITICS

Pharmacists need the chance to do more for patients

Pharmacists could "help relieve the burden" on the National Health Service if the Government gave them the chance, according to a Labour MP.

Pharmacies could offer more public health services if they were given the opportunity and training, Howard Stoate, chairman of the All-Party Pharmacy Group, told *C&D*.

"It's a question of pharmacies being encouraged by local primary care trusts," Dr Stoate said. "The Government also needs to produce resources and training to allow pharmacists to do more in the front line of patient care."

Dr Stoate first raised concerns over how many pharmacists were planning to offer health checks in response to the *Choosing Health through Pharmacy* strategy for pharmaceutical public health in Parliament last month.

As part of the strategy the Government suggested pharmacists and their teams should "maximise their contribution to improving health".

However, Dr Stoate said many pharmacists have not had the opportunity to offer their services to the public. "Many pharmacists are very keen to offer services but need contact with their PCT," he said. "I am a strong advocate for pharmacies and in a lot of areas pharmacists could help relieve the burden on the NHS, provided they are given the opportunity to do so." **CS**

Howard Stoate: pharmacists could offer more if given the opportunity

Inbrief

Poor Boots forecast?

Boots could report a slump in sales over the Christmas period when it details trading figures to the City this week (after *C&D* went to press), a report in *The Sunday Telegraph* has predicted. But the retailer dismissed the forecast, of a 1.4 per cent decline, as "pure speculation".

Property soars

There's never been a better time to cash in on your pharmacy, a leading financial consultant has told *C&D*. Current supply of businesses cannot meet demand and has caused prices to rocket, said Anne Hutchings of Hutchings Consultants. *See p32.*

Update Knockout

Update Knockout hasn't quite lived up to its name this year as there are five names on the prize list after three elimination exams! We'll obviously have to make the questions harder next year!

Congratulations to Steve Howard of Tindales Chemist, Sheffield, and Hazel Barton from Thornlea Bank, Glasgow, who share the first prize of £2,000 after both achieved a stunning 153 out of 154 possible marks in the exams.

The second prize of £1,000 is split between Tara Arnold (Parkgate, Co Antrim), Julia Cram (Llanishen, Cardiff) and Richard Clayson (Pershore, Worcs).

The prizes for Update Knockout are provided by Genus Pharmaceuticals. Our thanks to Genus for its continued support of Pharmacy Update and Update Knockout. Update will continue to focus on your CPD needs in 2006 - *see p22.*

Questiontime

This week's question:

Which is your biggest concern at the moment?

- **Information on ETP?**
- **Supermarkets**
- **e-pharmacies?**
- **Category M**
- **Alliance UniChem/Boots merger?**

You have until noon on January 17 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on January 21.


Feel like your
independence
is under threat?
We're not surprised you're worried
about outsiders trying to take over.
With Vantage, however,
your freedom is secure.
We've spent years offering pharmacists professional support,
services and advice.
Stay in control of your business – call the Vantage team on
02476 432000
AAH
VANTAGE
AAH Pharmaceuticals Ltd, Sapphire Court
Walsgrave Triangle, Coventry CV2 2TX

Bradford PCT backs teenage EHC scheme

Teenage girls in Bradford are to receive emergency contraceptive services at 18 local pharmacies in a pilot scheme run by Bradford South & West Primary Care Trust.

Pharmacists must register for the scheme and can offer free emergency contraception to teenagers but must also discuss longer-term safe contraception and protection from sexually transmitted diseases. They will also advise on steps to take should the emergency contraception fail to work.

The pharmacist will also encourage teenagers to talk to their parents or another adult about their contraception, or suggest they talk to their GP or the Young People's Information Shop in Bradford.

Pharmacist James Currie of Curries Chemists in Wyke, Bradford, and chairman of Bradford LPC, attended a training course last November for the scheme, which he said included guidelines on how to identify vulnerable teenagers who might have been subject to sexual violence, common STDs, and advice on condom use and EHC in general. He said pharmacists would receive £10 for the consultation and be reimbursed £5.12 for dispensing Levonelle 1500.

Pharmacist Felix Akande of Felkris Pharmacy said all pharmacists who take part in the project would have to undergo a Criminal Records Bureau check. They must also have a private area where a confidential discussion can take place and display a window sign to indicate that they are taking part in the pilot.

Other safeguards include a range of questions, discussions and written information to be agreed with the teenager before the contraception is given.

The scheme, which starts early this year and is funded by the PCT, will be assessed after 12 months to decide whether it will continue. Mr Currie said there was an above average level of teenage pregnancies across the Bradford area and believed there would be a positive reaction to the pilot.

Bradford South & West PCT director of public health, Dr Dee Kyle, said: "Through our work with young people, and from past experience, we know that teenage girls are more unlikely than older women to seek out the help of their family doctor for contraceptive failures. Providing emergency contraception in pharmacies could help us in our work to continue preventing unplanned teenage pregnancies and we will be carefully monitoring the success of the scheme.

"Emergency contraception is not ideal as a form of regular birth control so this scheme puts in place checks and safeguards to ensure that young people are re-educated about contraception and sexual health." **JE**

Health secretary Patricia Hewitt checked out the services offered at Boots's store at Leicester Gallowtree Gate this week. Ms Hewitt spoke with pharmacy staff about carrying out medicines use reviews and drug treatment services with patients from Leicester's most deprived areas, said Peter Gibson at Boots. Pictured from the left are: Elaine Jay, group pharmacy manager; Alka Mandalia, dispenser; Patricia Hewitt MP; Amit Dawda, pharmacist; and Deepa Rayarel, dispenser

LEGISLATION

CD guidance 'extra work' for pharmacists

The NPA has warned that pharmacists could be left with "extra work and no extra money" if Government plans for safer management of Controlled Drugs go ahead.

The Department of Health will revise draft guidance on the safer management of CDs in light of responses to consultation on the subject last year.

However, the revised guidance will suggest that changes to the management of CDs should be funded from existing budgets.

Janice Hancock, NPA information pharmacist, said this would be an extra burden for pharmacists. "We recognise why it [safer management] has to be put in place and we can see it is necessary," she said. "However, pharmacists will be doing extra work with no extra money and we don't want that to be the case. We need to make sure there is not going to be any extra financial burden on pharmacies," she said.

However, the DoH said the new arrangements had been designed to "work with existing systems" to minimise the need for additional resources. Responses to the consultation also raised concerns over health professionals being 'put off' prescribing CDs to avoid any risk.

Over 20 per cent of respondents claimed the guidance had failed to achieve the right balance between strengthening controls and ensuring patient access to drugs.

However, the DoH said the revised guidance would place more emphasis on the importance of CDs in modern clinical care. **CS**

Martindale™ Specials

We produce the following dosage formats in-house:

- Ampoules
- Capsules
- Creams and gels
- Eye drops
- Ointments
- Pessaries
- Powders
- Solutions
- Suppositories
- Suspensions

Your first choice in Specials

At Martindale™ Specials your patients' needs are paramount at every stage of the order process. From how we take your order, to manufacturing it to our consistently high standards and through to final despatch, our total adherence to quality assurance and control ensures we get it right.

We provide world class service by investing in our facilities and our people.

We improve both quality and shelf life by researching and developing our products.

We help meet your patients' individual needs by working closely with you.

We listen and understand what you need from us to make Martindale™ Specials your first choice for specials.

CardinalHealth
Working together. For life.℠

www.cardinalhealth.com/martindale

Freefone 0800 137627
Freefax 0800 393360
martindale-specials@cardinal.com

DoH explains pharmacy supervision change

by Gary Paragpuri

Further detail on how the Government intends to relax the rules around pharmacy supervision was published this week by the Department of Health.

Issues such as when pharmacists can leave their premises, how pharmacists can supervise remotely and details of which activities can be delegated to pharmacy technicians and which must be done by pharmacists are covered in the skill mix document (*see below*).

The Government reiterated its commitment to increase flexibility in the working arrangements for pharmacists in the document and said this was set out in plans issued by all four UK health departments.

It believes the proposed changes in the *Health Bill* will make better use of all pharmacy staff and allow pharmacies to provide more services. According to the document, these may include clinical advice on medicines; diagnostic testing, and advice on healthier lifestyles (*see also C&D, December 10, 2005, p6 & January 7, 2006, p4*). The new rules will also better reflect modern pharmacy practice and the increasing availability of new technologies that can be used to support safe dispensing, such as electronic prescribing and robots. The DoH document can be found at *http://tinyurl.com/bag77*.

Pharmacists could supervise staff using web cam technology under DoH changes

What will change?

- The requirement for each pharmacy to be under the personal control of a pharmacist will be replaced by the need for each pharmacy premise to have a 'responsible' pharmacist.
- The responsible pharmacist will be legally responsible for the pharmacy and he or she: may not be responsible for more than one pharmacy at any one time except in specified circumstances; must establish and maintain SOPs; and must keep a record of the responsible pharmacist on any day.
- Generally, one pharmacist should be responsible for one pharmacy at any one time but he or she may also, for example, control a vending machine that supplies medicines in another pharmacy. If pharmacists are responsible for more than one premise (with a suggested maximum of two), the Government's view is that the pharmacist's ability should not be overstretched, and that the two pharmacies should employ registered and trained staff.
- Pharmacy staff will be able to sell GSL medicines when the pharmacist is absent (this removes the anomaly where newsagents/ garage shops can sell GSLs without pharmacist supervision).

Being absent

- The changes will clarify that the safe and effective running of a pharmacy is not dependent on the pharmacist's presence. This will allow pharmacists to offer services in patients' homes or to work with other health professionals in the community.
- But the responsible pharmacist should consider the pharmacy to be their main place of work and he or she should spend the majority of their time there. The Government will consult on the conditions that may support any absence, including the length of any absence and arrangements for the pharmacist to be contactable by pharmacy staff.

Supervision

- The new rules will clarify when pharmacists can delegate to technicians to allow the pharmacists to offer other clinical services.
- Pharmacists must undertake clinical assessments for new prescriptions (or repeats where there has been a change or where the patient's conditions has changed) and approve formulations of products prepared extemporaneously.
- The use of a telephone is inappropriate in most cases to meet supervision requirements, as the pharmacist is unable to see the dispensed product. But pharmacists could, for example, supervise activities in a limited number of pharmacies remotely by using technology that allows face-to-face contact with staff and patients.

Will the proposed changes help pharmacists to deliver new services or are they too radical? E-mail your comments to *chemdrug@cmpinformation.com*

If you've got 14,000 people serving you, you'll have more time to serve your customers.

GENERICS

With every order, TEVA gives you the experience and expertise of over 14,000 people spending 4.5 million hours a year researching, manufacturing and marketing $3 billion of pharmaceuticals in over 50 markets. We recognise that size is nothing without a service to match. Our size and strength may allow us to give you all the advantages of speed, choice, quality and cost. But it's our conviction that local knowledge and attention to detail make the difference where it matters most. In your pharmacy.

TEVA

TEVA UK Limited

Yours. Faithfully

Call us on 0800 590 502. TEVA UK Limited, Leeds Business Park, 18 Bruntcliffe Way, Morley, Leeds LS27 0JG. www.tevauk.com

WIN £25!

MUR top tips

We asked you for your top tips on conducting medicines use reviews. We will pay £25 for the best tips you send in.

David Badham, clinical director at Badham Pharmacy, Gloucestershire:

Use the personal touch.

We have tried everything including attaching leaflets to suitable prescriptions, A3 posters, targeting particularly patient groups, and talking to surgeries but nothing is as good as a trusted assistant offering this service directly to a patient to whom they are known. It's called 'The Personal Touch'.

We only target patients over 60 years old on multiple medications as per our PCT directive.

Send your top tips to *C&D* at *chemdrug@cmpinformation.com* or fax to 01732 367065 and you could win £25.

E-mail your views to
chemdrug @ cmpinformation.com

Fertell on why its test is currently exclusive to Boots

Genosis has selected Boots as the distribution partner for Fertell in the UK (*see p26*). The decision was taken to enable resources to be channelled into ensuring the availability of Fertell for consumers at the earliest opportunity.

As a virtual company establishing retail distribution, Genosis has had to balance the need to provide product availability to the general public in a wide variety of locations, against the logistical challenges of maintaining education of pharmacy staff and ongoing communication with consumers.

Fertell is the first product of its kind and comes to market after years of research. There is a clear need for such a product to provide a preliminary step in a patient's fertility journey and offers an opportunity for reassurance or can identify potential fertility issues earlier.

We are mindful of the fact that independent pharmacists are an essential resource in educating their customers as to options that are available in the home testing field and we value this opportunity to communicate the availability of the new Fertell test.

Paula Patmore,
European marketing manager,
Genosis.

A pharmacy in Northern Ireland has been recognised as the Most Child Friendly Pharmacy in a survey run by *Mother & Baby* magazine and sponsored by the National Pharmacy Association. Lindsay Gracey, proprietor of The Village Pharmacy in Whiteabbey, County Antrim, is pictured receiving his award from Judy Viitanen of the NPA, Elena Dalrymple, editor of *Mother & Baby* and host Keith Allen at the London Hilton last month

OBITUARY

Professor Robert Duthie

Robert Duthie CBE FRCS, Emeritus Nuffield Professor of Orthopaedic Surgery at the University of Oxford, died on Christmas Day at the age of 80.

Professor Duthie was the chairman of the Joint Sub-Committee of the Standing Medical, Nursing and Midwifery and Pharmaceutical Advisory Committees which, in 1988, produced a report entitled *Guidelines for the Safe and Secure Handling of Medicines*, commonly known as the 'Duthie Report'.

Although the report has since been revised, its principles of reconciliation, record keeping and responsibility still apply to the storage and handling of medicines in the hospital sector today, and were referred to in the Shipman Report.

- More customers choose **nicorette**® than any other NRT brand[1]
- £13m brand support in 2006, including national TV advertising

UK's No.1 selling NRT brand

nicorette

Comment from the Editor

When jaw jaw is better than war war

This week, the Government and the Royal Pharmaceutical Society have each commented on what the other should be doing.

For some time, the Society has had a policy of quiet diplomacy, preferring to lobby away from the media glare. But this week, following the ITV exposé of lax licensing of wholesalers, Lambeth has put out a strongly worded statement calling for the regulator, the MHRA, to do more.

Good for Lambeth. Why should public faith in pharmacies be undermined by the apparent failings of a government agency?

Shifting focus, the Department of Health set out its views on how the Society should be spending its money.

In essence the DoH says that the Society, rather than putting up the premises registration fees significantly, should use more of the profits it derives from pharmaceutical publishing to subsidise its registration activity.

Put another way, the Department is suggesting that revenues derived from professional activities should subsidise statutory regulatory affairs.

This is all a bit unnerving. The Foster Review on professional self-regulation is expected some time soon. If it argues that the Society must separate its regulatory or professional activities and give up one or the other, how will the Society's finances be split?

Pharmacists views on this were pretty clear when the profession fought over its new Charter. The Government has now hinted at what it thinks.

Are these unrelated sallies indicative of something bigger, yet to come? Not necessarily - but it's good to note that Lambeth can roar.

"While not necessarily new, this is all a bit unnerving"

What is your top priority for 2006?

"Developing clinical services – we built a consultation room last year and now we need to work out ways of using it"

Felix Akande, Huddersfield

"We'll be looking to develop our clinical services this year. It's about creating something that fits with patient needs in the area"

Andrew Hales, Cardiff

Our online poll at *www.dotpharmacy.com* said...

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

UniChem's IT director Anthony Roberts says ...

Check those IT connections

With the new year upon us, the time has come for all pharmacists to turn their attention to IT and prepare for electronic prescribing.

As you will be aware, it is vital to select the right ETP compliant PMR system provider who will assist you with taking your business forward in this new age. It is in your best interests to secure a partner who is prepared to work with you, not only to help you install the best system for your needs, but also one that will support you through the IT learning curve.

Yet, while there has been much noise about the importance of installing an ETP compliant PMR system, so far very little has been said about another equally important consideration, your connection to N3, the NHS network. This is a critical part of pharmacy's future infrastructure – without this connection electronic prescribing cannot take place. This is also a key component for accessing DoH funds for ETP.

However, the successful implementation of electronic prescribing within pharmacy does not just rest with system suppliers, wholesalers and pharmacists who have already invested substantial sums into ETP. It is also vital that the NHS bodies are geared up to keep their end of the bargain. Pharmacy staff will require 'authentication smart cards' and PIN numbers to access the NHS Care Records Service and to participate in electronic prescribing.

PCTs will be the 'registration authority' responsible for registering pharmacy staff on to the system and issuing smart cards, and this needs to be a seamless process. It is also important to remember that GPs must wholeheartedly sign up to ETP if we are to begin to see a growing number of prescriptions being processed electronically. With GPs and the NHS bodies fully committed to this process, 2006 should be an important year for this key initiative.

Xrayser

TOPICAL REFLECTIONS

Volumatic's difficult rise from the ashes

Something funny is going on around the reintroduction of Volumatic spacers (*see p26*) but the extra work for me and unavoidable confusion for patients is anything but amusing. Having spent some time counselling patients, briefing GPs and tailoring stock levels to ensure last year's discontinuation went smoothly, GSK is now manufacturing the spacers again, apparently at the behest of the Committee on Safety of Medicines and now its successor, the Commission on Human Medicines.

It would seem fairly obvious that there is some difference in drug delivery between a Volumatic and an Aerochamber Plus so I can't see why the CSM waited so long to discuss the issue with the manufacturer. We were notified about the demise of Volumatics back in August.

I don't know whether GSK is obliged to act on this CSM/CHM suggestion or whether it is a goodwill gesture, but a better one would have been not stopping manufacture in the first place. As the product was discontinued for financial reasons I expect the relaunched version to be more expensive – a cost the CHM will now have to justify.

Whatever the politics, I'm caught in the middle and have to justify this strange situation. The interim arrangements will be even more confusing for patients, particularly when they receive their Volumatic in foreign language packaging. GPs hate to be messed around like this and I suspect that most will now stick with the Aerochamber. Patients who have tried the Aerochamber are also likely to want to stick with the more portable, user friendly device.

I expect demand to be limited for the Volumatic and wouldn't be surprised if it is discontinued again. I wasn't unhappy to see it go the first time and would really like that space back on my shelf.

A test for health or lifestyle?

Is there no end to the range of services that we can provide? Boots led the way last week with its home fertility test for men and women (*C&D, January 7, p10*). This sort of test should sit well with the likes of chlamydia testing, EHC and pregnancy tests and will be priceless for some childless couples.

But wider availability of a service like this could turn it into more of a lifestyle offering than a healthcare consideration. This kit is invaluable for those trying to conceive but it could be used to monitor declining fertility in order to plan careers and lifestyles to suit. And this test only measures the theoretical chance of conception, so a few 30 somethings could be left extremely disappointed.

I can see the benefits of this test but I'm not sure that I want to get involved in this extremely difficult area. Luckily this is one dilemma I don't have to worry about just yet, as the kit is only available from Boots.

Cartoon by Don Seed

Rocking around the pharmacy

Every rock concert, large exhibition and sporting fixture is likely to get its own pharmacy service if the Government's planned changes to the supervision requirements get the go-ahead (*C&D, January 7, p4*).

Health minister Jane Kennedy suggests that large events could be one of the few situations where a pharmacist would not have to be personally in charge of a pharmacy operation, making them a lot cheaper and easier to run than anywhere else. Pharmacists near to venues such as Wembley and Wimbledon could send a few of their technicians along to provide a full range of pharmacy services as long as they were in contact.

Common sense dictates that there must be exemptions to the supervision rule to provide flexibility and allow for progress but is a stadium full of Marilyn Manson crazed teenagers or over excited Millwall fans the best target for our services? Surely a more appropriate exemption would apply to very small rural communities or small scale hospital or prison pharmacies.

HOSPITAL REPORT

Dissolving the trusts

What is on the horizon as we look forward to 2006? Most Scottish Health Boards are in the throes of reorganising to meet the challenges of working as single systems. A logical progression to the process started by dissolution of trusts; it remains to be seen whether the ultimate conclusion will be the reduction of the present 15 health boards to three.

Some boards are further ahead than others; obviously, smaller boards tend to be less complex. Proposals for restructuring pharmacy in Glasgow, where four former trusts are being brought together, have been published. However, it is not clear to what extent the dissolution of Argyll & Clyde Health Board has been taken into account. There is a great deal of concern at all levels in Argyll & Clyde that none of the Glasgow reorganisations, not just pharmacy, appear to consider them at all. Informed sources maintain that Glasgow had to plan its reorganisation on the basis of existing structures. It could not assume that part of Argyll and Clyde might be incorporated into Glasgow in the future.

> **"Some boards are further ahead than others"**

While this is probably true, the fact that the dissolution was a ministerial decision should have indicated that it was likely to go ahead.

So Glasgow now has the prospect of creating its new structures to be in place by the end of March. Just in time for having to incorporate Argyll & Clyde, which is dissolved on March 31.

Am I alone in thinking that a bit more joined up thinking earlier in the process could have come up with structures that would encompass Argyll & Clyde properly and allayed concern?

Written by a senior hospital pharmacist

INDEPENDENTS' DAY

Michael Major offers an insight into the changing US pharmacy market

"Health consists of having the same disease as one's neighbours." Quentin Crisp.

In 2005, the UK has seen changes that will fundamentally affect the way pharmacists and pharmacy contractors operate for years to come. All around Europe changes are taking place that affect how pharmacists function, dispense and are reimbursed.

On the wider stage, in Australia and South Africa, and indeed in all countries which have an integrated pharmacy care system, things are happening that affect the pharmacists' professional role, retail and wholesale profitability and patient and consumer expectations. Governments worldwide, directly or indirectly, financially or socially, have a keen interest in outcomes and the drugs bill, and their intervention is on the increase.

Even in the USA, that bastion of free enterprise, we see pending changes in the pharmacy environment that will have a significant impact on owners in 2006. More specifically, the commencement of the complex, and untested Medicare Part D program (the addition of prescription drug benefits under the federal health insurance program that covers over 44 million individuals who are eligible due to age or disability) and the proposed changes in cost of goods reimbursement for Medicaid prescriptions.

That said, these new programs have not been implemented yet and it is too soon to tell what the ultimate and overall impact on margins, sales and net profits will be. To date, we are only hearing the negatives from those who look at the glass as half empty, rather than half full.

Dispensing margins

Buy-Sellapharmacy.com (the leading national pharmacy brokerage/business transfer agency in the USA) has conducted a financial analysis on the possible effect of these changes. While there are many variables that will impact on each and every store, the core premise is that dispensing margins will be negatively affected. Much will depend upon the mix of business in each pharmacy (Medicaid vs managed care vs cash) as well as the type of dispensing done and the mix (acute vs chronic, compounding or specialty vs 'traditional' etc).

Further, it will be impacted by the demographics of the local market and specific customer base. Simply put, the more seniors and nursing home patients a store services the bigger the financial impact. Those patients whose scripts are currently paid for by Medicaid (the 'richest' third party program in the country) are being automatically enrolled in these new programs. This means that margins will surely go down.

Buy-Sell believes that these factors will cause many older pharmacy owners to consider exiting the business. Their research already shows that more than 60 per cent of community pharmacy owners are over the age of 55, a factor that drives their business today. They think that many in this group will not want

to deal with these new programs, nor will they be motivated and energised to make the changes and adjustments necessary to their particular practices and businesses that will enable them to cope with the changing environment.

Pharmacy ownership

Buy-Sell recently reiterated some basic statistics relevant to the US pharmacy ownership market:

1. Independent community pharmacies represent a $70 billion segment of the US economy, more than 20,000 stores averaging $3.5 million in annual sales.
2. Unlike the UK, there has been virtually no erosion of US independents in the last three years. 85 per cent of the transactions Buy-Sell managed in 2005 were sales of independent stores to new or existing independent operators.
3. According to the most recent issue of the National Community Pharmacists Association - *Pfizer Digest* (2004 statistics), the Median Owners' Discretionary Profit, before taxes, was $234,410 for all stores reporting. That number increases to $356,200 for those stores in the top quartile. Compare that with average salaries that hover close to $100,000 annually and it seems clear that from an economic standpoint, owner pharmacists are more than twice as well off as their employee pharmacist counterparts.

Young owners

It is true that there is an initial financial burden and some stress and pressure in owning one's own business. It is clearly not for everyone. That said, there is a large and growing segment of young pharmacists in the USA who are opting for pharmacy ownership rather than working for someone else. US independents perform an increasingly valuable service as caregivers in the community and continue to co-exist and flourish alongside a strong chain presence.

In the UK we perceive things to be different, with much talk about the future of independent pharmacy against a background of headline grabbing expanding multiples, which, let's face it, have only continued to grow by independents selling out to them in the first place.

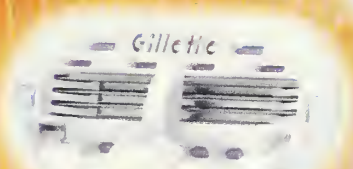
Debate continues about who represents independent pharmacy and the doom-mongers continue to prophesy its ultimate demise. Can this lugubriousness, I wonder, be attributed more to our national temperament and our predilection for seeing significant change as a threat rather than as an opportunity, unlike the USA?

Michael Major is chairman of Nucare Plc and a partner in A&D Associates, a pharmacy consultancy based in New York.

New

Turn on the power of Vibrant sales

Worth over £12m – the No 1 brand in the category



Gillette®

Venus®

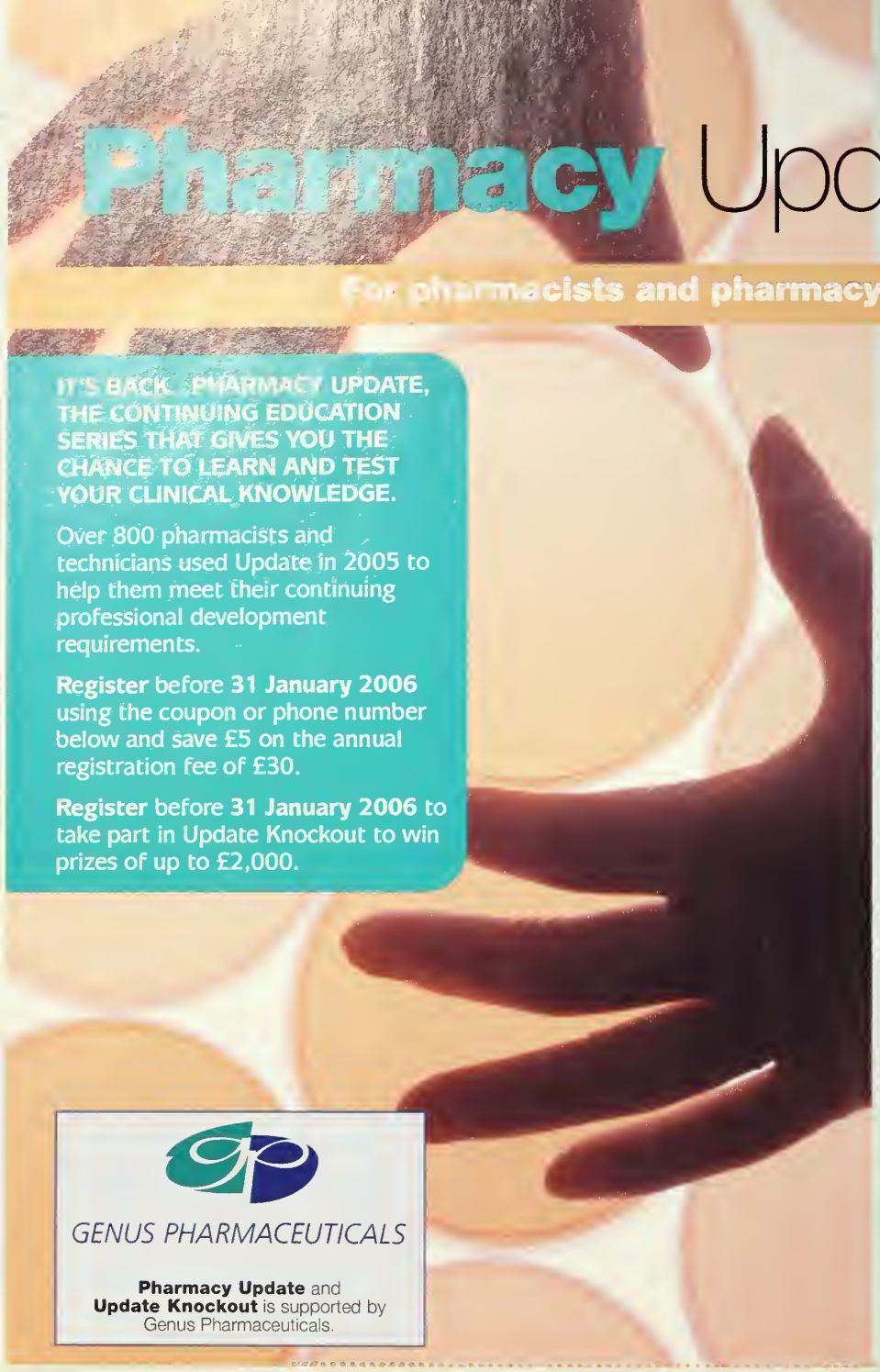
Vibrance™

Biggest Media spend on Venus since launch in 2001

Soothing Vibrations™

Pharmacy Update 2006

For pharmacists and pharmacy technicians



IT'S BACK. PHARMACY UPDATE, THE CONTINUING EDUCATION SERIES THAT GIVES YOU THE CHANCE TO LEARN AND TEST YOUR CLINICAL KNOWLEDGE.

Over 800 pharmacists and technicians used Update in 2005 to help them meet their continuing professional development requirements.

Register before **31 January 2006** using the coupon or phone number below and save £5 on the annual registration fee of £30.

Register before **31 January 2006** to take part in Update Knockout to win prizes of up to £2,000.

GENUS PHARMACEUTICALS

Pharmacy Update and **Update Knockout** is supported by Genus Pharmaceuticals.

TAKING PART...

- Gives you over 30 hrs of CPP-accredited learning, which can be included in your RPSGB 'Plan & Record' CPD portfolio for 2006.
- Provides you with an easy to use self-test question paper and a simple telephone marking service for registering your answers and checking your results.
- AND you can win up to £2,000 for registering and taking part in Update Knockout.
- Miss a module or question paper? Go to *www.dotpharmacy.com*
- N Ireland pharmacists' registration fee covered by NICPPET.

UPDATE KNOCKOUT – HOW DOES IT WORK?

1. Complete the Update question papers each month.
2. Get one question wrong and you are knocked out.
3. Keep a clean sheet up to the elimination stage in October and you will be registered free of charge for Update 2007.
4. Get top marks in the elimination exam papers in 2006 and you could win either a first prize of **£2,000** or second prize of **£1,000**.

WHAT NEXT?

- Post the coupon below to Mary Prebble, Pharmacy Projects, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW.
- Pick up the phone to pay by credit or debit card. Call Mary Prebble on 01732 377269

Return this completed coupon with your cheque (payable to CMP Information) or credit card details to Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

❑ Please register me for Pharmacy Update in 2006. I am taking advantage of the New Year deal to register before January 31, 2006.

❑ I enclose a cheque payable to CMP Information for £25, or

❑ Please charge my credit/debit card for £25.

Card type_____

No._____

Expiry date_____Issue no. (debit cards) _____

❑ Tick this box if you are registering for Pharmacy Update before January 31, 2006, but DO NOT want to be automatically entered for Update Knockout 2006

❑ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (do not send payment). My PSNI registration number is:

_____

Name_____

Address_____

_____

_____

_____

_____

Postcode_____Date_____

email_____

CMP Information Ltd may from time to time send updates about C&D and other relevant CMP Information products and services. Your email will not be passed to 3rd parties. By providing your email address you consent to being contacted by email for direct marketing purposes by CMP Information Ltd.

Daytime phone number_____

(No payment will be accepted without a phone number)

Signature_____

CPD

This article can help in the following CPD competencies: **G1f, G1n, G8a, C2a.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

Taming rotavirus

Dr Claire Oluwalana and *Dr Matthew Snape*

describe work being undertaken to develop vaccines for this devastating disease

Rotavirus is a leading cause of diarrhoea in young children worldwide, resulting in the deaths of an estimated 1,200 children daily.[1] Irrespective of social class or standard of hygiene, almost all children are infected by the age of five, resulting in frequent hospitalisations, outpatient attendances and family disruption.

Unlike bacterial causes of diarrhoea, the incidence of rotavirus disease is the same in both developed and developing countries, suggesting that improvements in hygiene and water supply do not impact on the burden of disease.[1]

The need for alternative methods of prevention has resulted in new vaccines that are likely to be widely introduced in the near future and have the potential to reduce deaths dramatically.

This article will review the clinical features, epidemiology and pathogenesis of rotavirus infections and will focus on the potential role of vaccines.

Clinical features and treatment

Rotavirus gastroenteritis is an acute illness characterised by watery, non-bloody diarrhoea, fever and vomiting. Symptoms are self-limiting, although fever and vomiting can persist for two to three days, with diarrhoea lasting four to five days. This may result in moderate to severe dehydration.

In the absence of any specific antiviral therapy, treatment of rotaviral gastroenteritis is no different than for other causes (*see Panel 1*). Strict hand washing after changing the nappies of infected children should be encouraged to prevent secondary infections, and infected children should be excluded from childcare or school until their symptoms have resolved.

Panel 1: Treatment of gastroenteritis

Treatment is primarily supportive and focuses on maintaining adequate hydration and avoiding electrolyte disturbances. Initially this is best achieved by encouraging an increased intake of age appropriate fluids, and avoiding full strength fizzy drinks as their low sodium and high sugar content can exacerbate dehydration. Early resumption of feeding is now recommended and breast-feeding should not be disrupted. Mild to moderate dehydration is best managed with oral rehydration solutions containing appropriate concentrations of glucose (to improve enteric absorption of water) and electrolytes, primarily sodium (to replace losses). These can be administered orally or, if the child is refusing fluids, via a nasogastric tube in hospital. Intravenous fluid hydration should be reserved for children with severe dehydration. Antiemetics and anti-motility drugs are not recommended in children. Full guidelines on the management of acute gastroenteritis are available at the NHS PRODIGY Guidance website.[2]

Viral structure and classification

Rotavirus is classified into serogroups and serotypes that are relevant to both epidemiology and vaccine development. Seven rotavirus serogroups are described (A to G), on the basis of the VP6 protein (*see Figure 1*).[3] Serogroup A causes the vast majority of human disease, while the remaining serogroups more frequently cause infections in animals. Further classification occurs on the basis of the VP4 proteins (P serotype) and VP7 proteins (G serotype) such that a rotavirus can be known as serogroup A, serotype (P1, G2). The most common serotypes to infect humans are P types 1A and B, and G types 1 to 4 and 9.

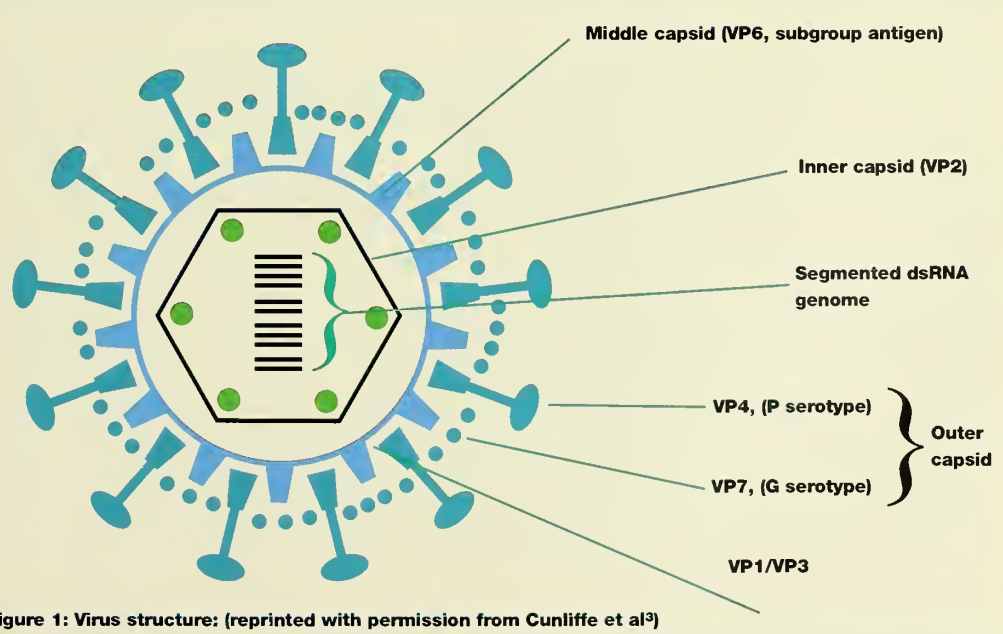


Figure 1: Virus structure: (reprinted with permission from Cunliffe et al[3])

Pathogenesis and immunity

Rotavirus replicates in mature villous cells in the intestinal mucosal surface and causes diarrhoea via the action of NSP4, a viral enterotoxin.[4] Natural infection provides some immunity against severe rotaviral disease, but does not provide immunity against reinfection, with one Mexican study demonstrating that more than 10 per cent of children had five or more infections in the first year of life.[5]

This is in part due to infection with different serotypes. The protection afforded against severe disease is thought to be mediated through virus-specific immunoglobulin A at the intestinal mucosal surface and cell-mediated immunity. Both breast-feeding and transplacental

Continued on page 24

transfer [illegible] passive [illegible] against rotavirus disease.[1]

Burden of disease

Rotavirus is spread via the faecal oral route and is present in stools before and for as long as 21 days following the onset of symptoms. It is thought that it can also be spread by fomites such as toys and hard surfaces. The most severe infections occur in the period between the waning of transplacental immunity and the acquisition of natural immunity from repeated infections, that is, in children aged three to 24 months. While adults can become infected with rotavirus, symptoms are usually mild.

The enormous burden of morbidity and mortality attributable to rotavirus infection is displayed in *Figure 2*. Recent surveillance data demonstrated that rotavirus accounts for more than half of diarrhoea-related hospitalisations in children under five years old in Asia, Latin America and Africa.[6] Although rotavirus is a universal infection, it is clear that the burden of disease falls disproportionately on those living in resource-poor countries, with an estimated 82 per cent of the 444,000 annual deaths from rotavirus occurring in low-income countries. Suggested reasons include poor access to medical care and hydration therapy, malnutrition, and co-morbid infection with enteropathogenic microbes.[4]

There is also evidence that, in Asia, rotavirus-related hospitalisations occurred at a younger age in less developed countries such as Myanmar (80 per cent of hospitalisations in children less than one year of age) compared with wealthier countries or regions such as Hong Kong (approximately 30 per cent of admissions less than one year of age).[6]

However, historically most disease has been caused by rotavirus strains with G types 1 to 4, and over the last decade G9 serotypes have emerged as a major factor in developing countries, causing approximately 30 per cent of disease in the last two years in Asia. As rotavirus vaccines differ in their ability to protect against the G9 serotype (*see below*), this is of obvious importance to the potential impact of these vaccines in this region.

In the UK rotavirus has been shown to cause 43 per cent of all diarrhoea-related hospitalisations in children under five, resulting in an estimated 17,800 admissions per year. This is equivalent to an annual 5.2 hospital admissions for every 1,000 children under five.[7] Although no accurate figures on mortality are available, deaths are fortunately rare.

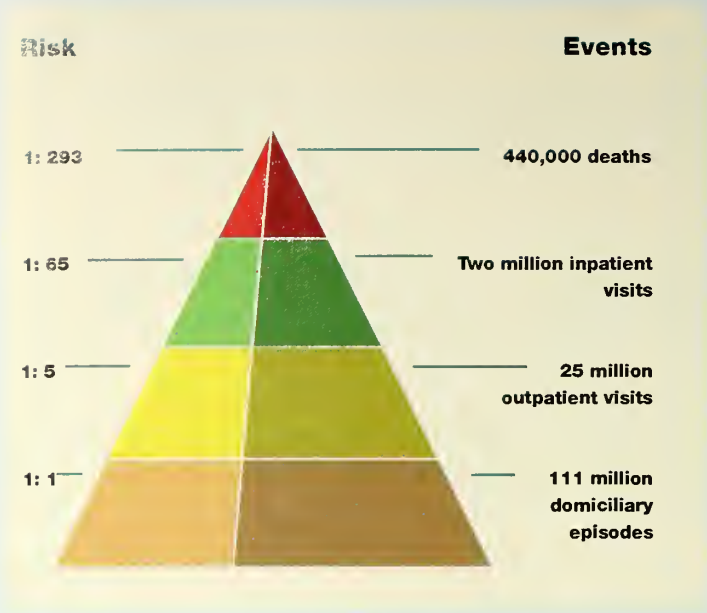


Fig 2: Estimated global prevalence of rotavirus disease (reproduced with permission from U D Parashar et al[1])

Rotavirus vaccines

The development of a vaccine against rotavirus was dealt a severe blow by the withdrawal of the first licensed vaccine, Rotashield, because of safety concerns. Despite this setback, development continued and it is likely that two new vaccines will be internationally available in the near future.

Three approaches to developing a safe, effective and affordable vaccine have been pursued: non-human strains of rotavirus, reassortant strains that incorporate genes coding for human type G and P proteins into an animal strain backbone, and attenuated human strains.

Non-human strain vaccines

Using the Jennerian principle that a non-human species-specific strain of virus may induce immunity in humans without inducing disease, vaccines derived from bovine and simian strains of rotavirus were developed in the 1980s. Immunogenicity and efficacy studies were inconsistent, however, and further development was stopped.[4] In China a vaccine derived from a strain of rotavirus specific for lambs (Lanzhou Lamb Rotavirus Vaccine (LLR, serotype P[10]G12)) is now in use, although no phase III studies of this vaccine have been published to date.

Human-animal reassortant vaccines

In the above studies it was noted that the serum antibodies induced by the vaccine were primarily against the homologous serotype. Therefore the bovine derived vaccine, RIT 4237 (serotype P6G6), primarily induced antibodies specific to G6 serotypes of rotavirus rather than the G1, G2 or G3 serotypes more commonly found in humans. This appeared to be associated with reduced efficacy against these human serotypes. Researchers therefore took advantage of the ready exchange of genomic segments that occurs between distinct rotavirus strains to incorporate genetic segments coding for common human G and P type proteins into non-human strains, creating a new, reassortant, strain.

This technology led to the first rotavirus vaccine, Rotashield, which combined the simian strain RRV with three reassortant strains incorporating genetic segments coding for the G1, G2 and G4 serotypes into the RRV genome. Following successful Phase III trials, Rotashield was licensed in the USA in 1998 for use as a three dose course to be given at two, four and six months. The Advisory Committee on Immunization Practices (ACIP) recommended routine immunisation of all infants in the USA and by July 1999 at least one dose of the vaccine had been administered to over 600,000 infants.[8]

Use of Rotashield in the USA was then suspended following 15 reports of intussusception (a form of bowel obstruction in which part of the intestine enters the section immediately beneath it) in recent vaccine recipients. Subsequent analysis by the Centre for Communicable Diseases suggested a temporal cluster of intussusception between three and 14 days after vaccination (odds ratio of 21.7), with a risk of intussusception of one in 2,500 vaccines.

Following this report the manufacturer voluntarily withdrew Rotashield from the US market. Subsequent analyses confirmed the increased risk of intussusception but lowered the risk to about one in 9,500. The risk appeared greater when the vaccine was administered after three months of age.

Rotashield had predominantly been tested in the USA, with no information on efficacy in Africa or Asia, so the application for a global licence was refused by WHO. It is a matter of ongoing controversy that Rotashield is not available for developing countries because of an adverse event that was unacceptable in an industrialised country.

Undeterred, rival manufacturers continued developing alternative reassortant vaccines. The safety of a pentavalent vaccine incorporating G1, G2, G3, G4 and P1 antigens into the bovine WC3 genome (PRV) was recently evaluated in 70,000 infants, with preliminary reports suggesting that no more intussusception occurred in vaccine recipients than in controls.[9] The vaccine would also appear to be effective, with preliminary reports of a phase III trial involving over 5,600 infants in the USA and Finland suggesting 74 per cent protection against acute gastroenteritis caused by all rotavirus strains and 98 per cent efficacy against severe gastroenteritis.[10] The small number of cases of non-G1 type rotavirus disease in this study made efficacy against these types difficult to determine.

The emergence of the G9 serotype of rotavirus in developing countries has raised concern that reassortant vaccines not incorporating this serotype will not be optimally effective. Work is therefore ongoing on vaccines, such as a hexavalent

Continued on page 25 ▶

reassortant vaccine based on the bovine strain UK, that includes genes coding for G1, 2, 3, 4, 8 and 9 serotype variants of the VP7 protein.[11]

Attenuated human strain vaccines

Although not clearly established, it has been suggested that, whereas vaccines based on non-human species of rotavirus stimulate immunity primarily against the serotypes included in the vaccine, natural infection with a human strain of rotavirus stimulates some protection across serotypes.[5] This therefore implies a role for a vaccine based on an attenuated version of a "human rotavirus" that could potentially offer protection against all the rotavirus serotypes commonly infecting humans. A number of attenuated rotavirus strains had previously been isolated from the stool of neonates with little or no signs of gastroenteritis, and development of vaccines derived from two of these "newborn strains" is ongoing in India and in a collaboration between Australia and Indonesia.[8]

An alternative approach of attenuating a more pathogenic virus strain with serial passage in a cell culture was taken in the development of RIX 4414 (serotype P1AG1). This vaccine was evaluated in a study of 63,000 Latin American infants receiving RIX 4414 or placebo at two and four months of age. Preliminary reports showed no association between the vaccine and intussusception and, in a subgroup of 20,000 children, efficacy of 84.7 per cent against severe rotavirus gastroenteritis.[12] A significant (although unspecified) degree of protection was seen against G3 and G9 types as well as G1.

The vaccine was licensed for use in Mexico and the Dominican Republic in 2004 as Rotarix and licensing approval has been sought in a further 35 countries through Latin America, Asia, Africa, Australia and Europe, although not, as yet, the USA.

Where to now?

The willingness of manufacturers to undertake the enormous safety studies necessary to demonstrate a lack of association between their new vaccines and intussusception indicates the importance placed on making these vaccines globally available. As well as their direct impact on disease, the process of their development post-Rotashield is likely to have profound implications for future vaccine development. This development has included innovations such as the emphasis on vaccines being evaluated in developing as well as in industrialised countries, the licensure of a major new vaccine in Latin America ahead of the USA and the "home grown" rotavirus vaccine development programmes that have been undertaken in countries such as India. These all represent a commitment to ensuring early availability of effective rotavirus vaccines to developing countries, providing a model that is likely to be of relevance to any future vaccines targeting diseases predominantly affecting these countries.

There are many challenges ahead before the potential of rotavirus vaccines can be fully realised. The WHO and Global Alliance for Vaccines and Immunisations (GAVI, funded in part by the Bill and Melinda Gates Foundation) have made the introduction of rotavirus vaccines one of their highest priorities, but any rotavirus vaccine programmes will still require a great deal of political will and financial support from the countries experiencing the greatest burden of rotavirus disease.

In addition, more information is required about the safety of these live vaccines in immunocompromised children, especially those with HIV/AIDS. There are, as yet, no plans to introduce rotavirus vaccines into the routine schedule of the UK. However, the initial enthusiasm with which Rotashield was accepted in the USA has shown there is a demand for rotavirus vaccines in industrialised countries. An effective rotavirus vaccine has the potential to reduce substantially hospitalisations from gastroenteritis in the UK, and it can only be hoped that successful licensure and routine immunisation are not more than a few years away.

WHO/P Virot

Both breast-feeding and transplacental transfer of antibody can provide passive immunity against rotavirus

Dr Matthew Snape is clinical lecturer, and Dr Claire Oluwalana is a research fellow at the Oxford Vaccine Group, Churchill Hospital.

References:

1. Parashar, U D, et al. Global illness and deaths caused by rotavirus disease in children. Emerg Infect Dis, 2003. 9(5): p565-72.

2. PRODIGY guidance – Gastroenteritis. 2003 October 2003 [cited 27 October 2005]; Available from: http://www.prodigy.nhs.uk/guidance.asp?gt=Gastroenteritis.

3. Cunliffe, NA, Bresee, JS, and Hart, CA. Rotavirus vaccines: development, current issues and future prospects. J Infect, 2002. 45(1): p. 1-9.

4. Clark, HF, et al, Rotavirus Vaccines. Vaccines (fourth edition), ed. Plotkin, SA. 2003: WB Saunders Company.

5. Velazquez, FR, et al, Rotavirus infections in infants as protection against subsequent infections. N Engl J Med, 1996. 335(14): p1022-8.

6. Bresee, JS, et al. Rotavirus in Asia: the value of surveillance for informing decisions about the introduction of new vaccines. J Infect Dis, 2005. 192 Suppl 1: pS1-5.

7. Ryan, MJ, et al. Hospital admissions attributable to rotavirus infection in England and Wales. J Infect Dis, 1996. 174 Suppl 1: p S12-8.

8. Glass, RI et al. The future of rotavirus vaccines: a major setback leads to new opportunities. Lancet, 2004. 363(9420): p1547-50.

9. Vesikari, T, et al. Incidence of intussusception with the pentavalent (Human-Bovine) reasortant rotavirus vaccine (PRV) is similar to placebo. in European Society for Paediatric Infections Diseases. 2005. Valencia.

10. Vesikari, T, et al. Protection against rotavirus gastroenteritis of multiple serotypes by a pentavalent (human-bovine) reassortant rotavirus vaccine (PRV). 2005. Valencia.

11. Kapikian, AZ, et al. A hexavalent human rotavirus-bovine rotavirus (UK) reassortant vaccine designed for use in developing countries and delivered in a schedule with the potential to eliminate the risk of intussusception. J Infect Dis, 2005. 192 Suppl 1: pS22-9.

12. Velazquez, FR, et al. The human monovalent G1P98) rotavirus vaccine, Rotarix is highly efficacious and provides cross-protection against G1 and non-G1 serotypes. in European Society for Paediatric Infections Diseases. 2005. Valencia.

Rotavirus vaccines safe and effective

Vaccines developed for use against rotavirus, the leading cause of diarrhoea-related illness and death worldwide, are safe and effective, a medical journal has claimed.

Two papers published in the *New England Journal of Medicine* – one investigating Merck's Rotateq, and the other looking at GlaxoSmithKline's Rotarix – found the two as yet unlicensed products demonstrated 98 and 85 per cent efficacy against severe rotavirus disease.

Merck tested its product in the USA and Finland, administering three oral doses of the vaccine or placebo to nearly 70,000 infants. In addition to showing 98 per cent efficacy against severe gastroenteritis, the product reduced hospitalisations for diarrhoea of any cause in the first year of life by 63 per cent. The incidence of side effects appeared similar in both groups.

The GSK trial involved over 63,000 infants from 11 Latin American countries and Finland, all of whom received two oral doses of vaccine or placebo two months apart. Again, the risk of side effects appeared similar in the two groups, and hospitalisations due to diarrhoea of any cause in children under one year dropped by over 40 per cent.

An accompanying editorial heralds the vaccines' efficacy and safety as "impressive". But Drs Roger Glass and Umesh Parashar of the US Centers for Disease Control and Prevention in Atlanta warn that a number of issues need to be addressed before the vaccines can reach their full potential.

These include price, acceptability and public awareness to ensure uptake in the developed world, and to ensure effectiveness in the developing world, where there are wide variations in childrens' health status.

● *See this week's Pharmacy Update on p23 for more information on rotavirus vaccine development.*

For more information:

NEJM 2006; 354: 11-33, 75-77

Volumatic brought back

GlaxoSmithKline is reintroducing the Volumatic spacer device with immediate effect.

The move follows concerns raised by the former Committee on Safety of Medicines over the amount of drug delivered to the lungs via different spacer devices.

Newly manufactured Volumatics will be released next month, but a limited supply from outside the UK is available now, says GSK. Patient information leaflets to accompany overseas products may be obtained by telephoning the GSK product information line on 0800 221441.

The Commission on Human Medicines (which has succeeded the CSM) advises the following:

● Patients requiring a spacer for the first time with Allen & Hanbury inhalers should be given a Volumatic. The Aerochamber Plus device should only be dispensed if the Volumatic is unavailable.

● Patients who have switched to the Aerochamber Plus should continue to use it until the Volumatic becomes freely available next month. Priority for switching back to the Volumatic should be given to high-risk patients, such as those on high dose corticosteroids, long acting beta agonists and children.

● All patients should be monitored before and after switching spacer device for worsening symptoms or side effects.

The Volumatic Paediatric (spacer plus face mask) is likely to be reintroduced in mid-February, commented a GSK spokeswoman.

For more information:

www.tinyurl.com/8fwcx

PD likely in patients with early tremor

Patients who complain of stiffness, tremor and imbalance are at increased risk of developing future Parkinson's disease, say researchers in The Netherlands.

In a population-based cohort study published online by the American medical journal *Archives of Neurology*, over 6,000 patients were examined three times and continually monitored over 10 years. Participants who had reported stiffness, shaking or lack of balance at baseline assessment were significantly more likely to have developed PD by follow-up.

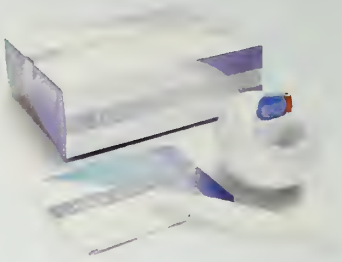
The scientists say their findings may reflect the early effects of dopamine deficiency, and point towards a preclinical phase to the disease that is not completely asymptomatic. They suggest developing a questionnaire on subjective complaints as part of a simple and inexpensive initial screening test for PD.

Stiffness, tremor and imbalance may be early warning signs of Parkinson's disease

For more information:

Arch Neurol 2006; 63: (doi:10.1001/archneur.63.3.noc50312)

Fertell – a new OTC testing concept



Couples trying for a baby will be better equipped to identify fertility problems following the launch of an OTC home testing kit.

Developed by Genosis, Fertell contains both male and female testing devices. Measuring motile sperm concentration, the result of the male test is available in 80 minutes. The female test requires women to produce a urine sample on the third day of their menstrual cycle, and gives an indication of follicle stimulating hormone level within 30 minutes. The company says the tests closely mimic fertility clinic investigations, and claims that both devices are over 95 per cent accurate.

An accompanying telephone service offers free practical advice relating to the product, including how to use it and what next steps are required once the results are obtained. A website offering similar information for both healthcare professionals and patients has also been introduced.

Genosis says Fertell provides couples with the ability to assess their fertility in the privacy and comfort of their own home, and will either offer reassurance or highlight the need to seek medical advice. Initially only available from larger Boots stores priced at £79.99, the company says it has signed an exclusive three-year agreement with the multiple (*see p16*) but is keen to distribute to other pharmacies when this ends.

For more information:

Genosis Plc
Tel: 01483 774050

Scriptlines

Normax caps

Responsibility for Normax Capsules (co-danthrusate) has transferred from UCB Pharma to koGEN Ltd.

For more information:

Contact koGEN by phoning 028 3833 3933 or e-mailing *info@kogen.co.uk*

A FREE* supplement for your pharmacy

Now more than ever, pharmacists have the opportunity to help patients get the most from their medicines, promote healthier lifestyles and provide innovative services to the public. GlaxoSmithKline Pharmaceuticals appreciates the value of this development and has been working closely with pharmacists to produce +Plus Medicines Support Services (MSS), an initiative which we believe will support the valuable role pharmacists can play in delivering healthcare.

Every pharmacy in the UK can now benefit from these free* GlaxoSmithKline-funded services, which include:

• Support for medicines use reviews • Training packs
• Equipment • Patient literature.

So why not give your pharmacy a boost and request a MSS brochure either directly from your Account Manager or by calling the freephone number given below.

0800 221 441

gsk GlaxoSmithKline

Freephone 0800 221441
Fax 020 8990 4328
customercontactuk@gsk.com
customer contact centre

PLUS®
It pays to be a part of it

+Plus Device is a registered trademark of the GlaxoSmithKline group of companies *These services are of limited availability, please refer to the MSS brochure for full details

Omron monitors blood pressure

Omron has added an upper arm and a wrist blood pressure monitor to its product range

The M3 upper arm monitor and R3 wrist monitor employ the company's Intellisense technology to ensure that the correct inflation pressure is automatically detected and to provide quick and accurate blood pressure monitoring.

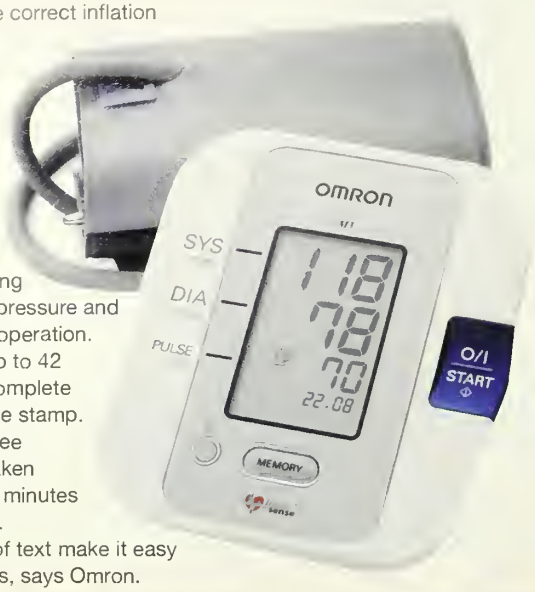
Both devices have LCD displays for reading pulse and blood pressure and offer one-button operation. They can store up to 42 measurements complete with time and date stamp. An average of three measurements taken within the last 10 minutes can be displayed.

Icons instead of text make it easy to interpret results, says Omron.

Both models use AAA alkaline batteries and are supplied with cuffs.

Price: M3 £59.95; R3 £59.95

Omron
Tel: 08701 750 2771



Baby rocker is a dream

Dream Technology's Dream Mover is an automatic baby rocker that is said to recreate the conditions experienced in the womb.

A gentle sliding movement in time with a mother's beating heart, a soothing tremor and a calming 'shooshing' sound will comfort a crying baby, says the company.

The wipe-clean rocking cradle works with most prams and can be used from birth to pre-school. It simply plugs in and can be left switched on for up to 12 hours.

The launch is being supported by PR and advertising in the parenting press and nursery industry titles and on The Baby Channel.

There are plans for pharmacy chains and independents to be signed up to stock the product after Mothercare.

Price: £79.99

Dream Technology
Tel: 01389 767 070

Canderel campaign

The Essential Low Sugar Guide (*C&D, December 24/31, 2005*) can be obtained from GR Healthcare on 020 7861 3117 or *enquiries@grhealthcare.co.uk*

For more information:

www.canderel.uk.com

Power brushing from Oral-B

Oral-B is adding an entry-level power toothbrush to the Vitality series and supporting the launch with a broadcast and print media advertising campaign that will start in June.

The Oral-B Vitality Precision uses the Flexisoft brush head and offers consumers the ultimate in tooth cleaning technology for an accessible price, says the company.

The promotion will also highlight the other toothbrushes in the Vitality series – the ProWhite and DualClean models – launched in June 2005.

Each toothbrush in the series has its own brush head, but all are interchangeable with the ProBright, DualAction and Flexisoft brush heads.

Price: £24.99

Oral B Laboratories
Tel: 020 8847 7800

Tongue tricks and toothpaste

The first burst of advertising for Aquafresh Extreme Clean for 2006 starts on January 16 for six weeks.

The campaign equates to a £0.8 million spend and features the Unisex ad (with the Aquafresh Extreme Clean toothpaste) and Bus (with the Aquafresh Tooth & Tongue toothbrush). Both ads feature tongue tricks and emphasise the importance of cleaning the tongue and the teeth.

The music for the Unisex ad is now *My Sharona* by The Knack. All three toothpastes, including Aquafresh Extreme Clean Intense Rush, appear in the end frame.

For more information:

GlaxoSmithCline Consumer Healthcare
Tel: 0845 762 6637

Multibionta Activate returns

The second burst of TV advertising for Multibionta Activate has started and will be aired until March on terrestrial and satellite channels. It is part of a £3.5 million promotion.

For more information:

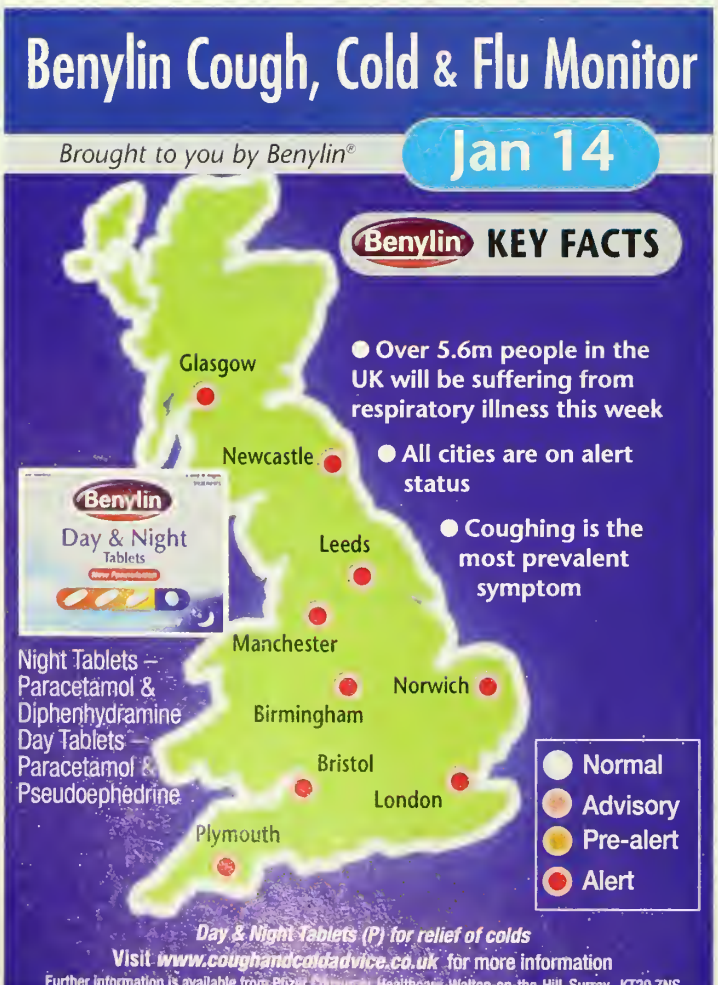
Seven Seas Health Care
Tel: 01482 375234

Miles for Fine Fragrances

Fine Fragrances & Cosmetics, the brand owner of Fade Out, Jerome Russell Bblonde, Batiste Dry Shampoo, Taylor of London, Tweed, Panache, White Satin, Lace and Chique has appointed The Miles Group as its distributor for the pharmacy trade.

For more information:

The Miles Group
Tel: 01484 536344
info@milesgroup.co.uk



NEW Formulation

Senokot sugar

Calcium Sennosides

How could we possibly improve on the gentle, effective constipation relief of Senokot Syrup? Simple. By relieving it of sugar.

And because it's now sugar-free, you can recommend it to even more customers.

New formulation Senokot Syrup. We've taken away the sugar so you can add to your sales!

New 150ml Sugar Free Syrup

ESSENTIAL INFORMATION

Active Ingredients: Each 5ml spoonful of Senokot Syrup contains sennosides USP equivalent to 7.5mg total sennosides. **Indications:** Relief of occasional or non-persistent constipation. **Dosage Instructions:** Adults and children over 12: Two 5ml spoonfuls taken at night. Children 6-12: One 5ml spoonful taken in the morning. Children under 6: To be taken only on a doctor's advice. **Contraindications:** In common with other laxatives Senokot Syrup should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Each 5ml of Senokot Syrup can provide up to 3.2k cal and this should be taken into account when treating diabetics. **Side-Effects:** Temporary mild griping may occur during adjustment of dosage. Hypersensitivity reactions associated with the esters of hydroxybenzoates (parabens) may occur. **Recommended Retail Price:** 150ml – £4.99. **Marketing Authorisations:** PL00063/0123. **Supply Classification:** GSL. **Holder of Marketing Authorisations:** Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull HU8 7DS.

Hipp changes preparation advice

Hipp Organic claims to be leading the way as the first baby milk brand to change its milk preparation advice on product packs

When the European Food Safety Authority concluded that babies could be at risk of infection from salmonella and micro-organisms if milk feeds are made in advance and stored, Hipp Organic changed its packs and inserted thousands of leaflets telling parents what action they should be taking.

The company recommends that feeds are prepared freshly and used within one hour, with any leftover milk thrown away after feeding.

Mothers who need to make a feed for later should keep water that they have just boiled in a sealed flask and make up fresh formula milk when needed.

For more information:
Hipp Organic
Tel: 01635 528250
www.hipp.co.uk

TV next week

Bassett's Soft & Chewy Omega 3 Vitamins: GMTV, Sat

Blistex: GMTV, Sat

Buttercup Cough Syrup: C4, GMTV, Sat

Calprofen: All areas except GMTV

Haliborange Omega 3 for kids range: C4, GMTV, Sat

Hall's Children's Cough Pastilles: GMTV, Sat

Just for Men: All areas

Kalms: five, GMTV, Sat

Lanacane: All areas

Multibionta Activate: C4

Nicorette Quit Season campaign: All areas

Olbas for Children: GMTV

Olbas range: five, GMTV, Sat

Palmer's Cocoa Butter formula: C4, Sat

Sanex Excel: U, STV, C, A, HTV, M, LWT, CAR, C4, five

Seabond: All areas

Settlers: five, GMTV

Seven Seas: Sat

Soothagel: five, Sat

WindSetlers: five, GMTV

PharmaSite for next week: Ibuleve – Windows, **Ibuleve** – In-store, **Vicks First Defence** – Dispensary
Pharmacy channel: Beechams Night Nurse, Allergy UK, Sonicare

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Nurofen TV return

Nurofen Plus is returning to terrestrial and satellite TV on January 30 in the Nurofen Plus Sonic Double Cannon advert.

The commercial is part of a multi-million pound campaign to support the brand and will run for two weeks.

In addition to TV, the campaign includes trade press advertising, point of sale, window displays for selected pharmacies and direct mail to 6,000 pharmacies.

There are two ad formats in a 10- and a 20-second burst. The first is a 2-D animation showing a black pulsating cube covered in spikes. At intervals, the spikes retract only to be replaced by more spikes. A silver ball then rolls onto the screen, unfolding to reveal the Nurofen target, which reassembles itself into the shape of a telescopic cannon and fires two bursts of energy at the spiked cube. It then reforms a ball, rolls to the side of the screen, unfolds to form a cannon and fires two shots that cause the target to disintegrate. A voiceover says "Nurofen Plus with codeine, no stronger painkiller available without prescription".

The 10-sec ad starts with a small green cube that unfolds to form a green cross, which spins on its axis and forms the Nurofen target. The green cross depicts the trusted strength of pharmacy products and a strapline across the bottom of the screen will say "Nurofen Plus with codeine, for strong pain relief only available from pharmacies".

For more information:
Crookes Healthcare
Tel: 0115 953 9922

Plant extract reduces cholesterol

Cholesterol-reducing foods containing a unique ingredient called Reducol have been launched by Fayrefield Foods in Crewe.

Reducol is a plant sterol extract of coniferous trees, which stops the body absorbing cholesterol and can be blended into spreads, yoghurts, food and drinks.

Canadian company Forbes Medi-Tech developed the odourless, tasteless powder that contains no fat, protein or carbohydrates. It has worked closely with Fayrefield Foods to extend the availability of foods containing Reducol.

The first "competitively priced" products were in Tesco last week and are expected to be available through pharmacies "at some stage in the future", according to Fayrefield Foods' marketing director Christopher Swire.

Clinical trials involving Reducol showed it helped people lower cholesterol levels by 15 per cent.

For more information:
www.reducol.com
www.fayrefield.com

Click with the opposite sex

Lynx is supporting the launch of Click, its new fragrance, across a number of personal care products, with a £7 million campaign.

Brand supplier Unilever UK Home & Personal Care (HPC) is using Hollywood star Ben Affleck in TV and cinema ads, which will hit screens in February. Additional support includes sampling, print and outdoor advertising, PR and in-store point of sale.

The advert is a tongue in cheek look at how celebrities view themselves and their ability to attract the opposite sex. It also highlights how competitive men are and encourages them to keep score of their 'clicks' or successes.

There are five products in the Click series – a body spray, shower gel, and antiperspirant aerosol, stick and roll-on.

Prices range from £1.99 (antiperspirant roll-on) to £2.69 (Bodyspray)

Unilever UK Home & Personal Care
Tel: 020 8439 6100

A NEW RANGE OF MOISTURISING CREAMS

AVAILABLE IN 100 AND 200ML SIZES.
REIMBURSABLE ON FP10.

No alcohol. No fragrances. No parabens. No lanolin.

Unlike other specialist moisturising creams, new DermaSalve is totally free of all common irritants, yet combines natural jojoba, wheat germ and palm oils to provide a rich moisturising action. Which is good news for people with dry and sensitive skin conditions. And with DermaSalve being promoted in national press, make sure you're ready to meet demand for the Hand, Foot and Body Creams.

To find out more about special introductory offers and stocking in, call 08700 113797.

DermaSalve

The first ever moisturising cream with no known irritants*

*Contains no potential sensitising agents as listed in the EU Cosmetics Directive.

DERMASALVE SCIENCES LTD. 100 PALL MALL LONDON SW1 5HP. www.dermasalvesciences.com

Time to sell?

Anne Hutchings takes a look at what has happened to the value of pharmacy businesses over the last three years

The past three years have seen a period of uncertainty for community pharmacists. This started with the OFT report in January 2003, which recommended lifting control of entry, and was followed by the introduction of the new contract in England and Wales. I know from all the phone calls I receive that these uncertainties have made many independent pharmacists consider whether it is time to sell their business. The first question most pharmacists ask me is what is my business worth?

It is hardly surprising that after the OFT report pharmacy goodwill values dropped. Sales, which had previously been agreed, were in some cases aborted or valuations renegotiated. From my experience in the market at that time I observed a reduction of around 10 per cent in goodwill values. For example, a pharmacy which was valued at £700,000 before the OFT report was worth around £630,000 following the announcement. We then had a period during the remainder of 2003 when values stabilised. Clarification of the OFT recommendations helped pharmacy values recover and during 2004 and 2005 values have steadily increased.

The table opposite gives an indication of how goodwill values have increased during the past two years. It is only a rough guide and should not be used in place of a formal valuation. The main factors affecting pharmacy values are:

- Location in relation to doctors and competitors. The nearer the doctors the better.
- NHS/OTC mix.
- Nursing homes – turnover from these tends to be discounted in the valuation process.
- Business accounts – turnover, gross margin, overheads.
- Opening hours – long hours equate to more overheads.
- Drug addicts – although these can help achieve a higher gross margin, many pharmacists are not keen.
- Premises rent and rates – if these costs are particularly high, as seen for example in some parts of London, it can have a negative effect on the value.
- Development in the area – new health centre, doctors moving etc.

Pharmacy goodwill values fell by 10 per cent after the OFT report

Pharmacy turnover	Value of goodwill as percentage of turnover	
	Jan 2004	Jan 2006
Up to £250,000	10-20	20-30
£250,000-£500,000	30-40	40 55
£500,000-£750,000	50-60	60-75
£750,000-£1,000,000	70-80	75-85
£1,000,000 plus	80 plus	85-35

The good news for anyone thinking of selling is that it is a sellers' market; there is currently insufficient supply to meet demand. I have had feedback from pharmacy purchasers that they regard the new contract positively. I have a database of around 1,000 serious purchasers ranging from locums and small groups to multiples. When a pharmacy comes on the market it is not unusual to generate several offers, resulting in an excellent price for the vendor. The major groups have been keen purchasers in the past year. I recently dealt with a sale to a multiple of a pharmacy with a turnover of under £500,000, whereas in the past the turnover guide would have been £700,000 plus.

There are also an abundance of locums looking for their first pharmacy.

Is it a good time to sell? Nobody can predict with any certainty what the future holds. Deciding whether to sell is a personal decision but from a financial perspective the market is buoyant; high values are being achieved and sales can be agreed quickly.

Tips for pharmacy sellers

Use a pharmacy agent. If you receive a letter from someone expressing an interest in your business or your locum makes an offer, don't be tempted to try and sell your business privately. The reason for this is that if you are dealing with just one person your negotiating power will be weak, and you are unlikely to obtain the best price.

I recently handled a sale for a pharmacist who had received an offer and was on the point of accepting before speaking to me. The offer was substantial but I felt we could achieve an even higher price. I spoke to 10 people who I knew would be in the market for this particular pharmacy and I achieved 20 per cent more than the original offer. The pharmacy was sold quickly and confidentially.

Maintaining confidentiality

One of the main concerns of pharmacists selling their business is confidentiality, both in respect of their business information and their staff not finding out. Before instructing an agent, discuss these issues and make sure you are satisfied that these aspects of the sale will be handled to your satisfaction. For example:

- Do prospective purchasers sign confidentiality agreements before receiving your information?
- Does the agent vet prospective purchasers?
- Will you have the opportunity to approve who your details are given to?
- At what stage is your financial information such as business accounts etc provided to a prospective purchaser?
- Do you want the pharmacy to be advertised? Many pharmacies are sold discreetly without any form of advertising.

Finally, don't accept the first offer. In the current market it should be possible to generate offers from several purchasers.

Anne Hutchings, Hutchings Consultants Ltd, Pharmacy Brokers and Valuers. Tel: 01494 722224. www.pharmacyexperts.com

There are many launches to look forward to in 2006. Gadget enthusiasts may be waiting with bated breath for the much-vaunted Playstation 3 and the introduction of HDTV (high definition television for those less technically minded), whereas excitement may be mounting among film buffs for new releases such as *The Da Vinci Code* and the latest Woody Allen project *Match Point*.

Sadly, drug launches are less hyped, and therefore considerably more difficult to forecast. Though *C&D* has an excellent track record. Last year, for example, we correctly predicted the introduction of, among others, the antidepressant Cymbalta (duloxetine), the new Cox-2 inhibitor Prexige (lumiracoxib), the cancer drug Avastin (bevacizumab) and the diabetes product Apidra (insulin glulisine). Can we repeat last year's success? Here's our best shot...

Prescription Only Medicines

Smokers trying to kick the habit will benefit if Pfizer's selective nicotinic acetylcholine receptor partial agonist Champix (varenicline) or sanofi aventis's selective endocannabinoid receptor antagonist Acomplia (rimonabant) get the green light. The latter has also shown promise in the management of obesity, as has Alizyme's cetilistat, and both products may launch during 2006.

Pfizer would like approval for its atypical antipsychotic ziprasidone. Likely to be known as Zeldox or Geodon, the medicine appears effective in both schizophrenia and bipolar disorder. Other CNS drugs that may grace dispensary shelves are Servier's melatonergic antidepressant Valdoxan (agomelatine), and Sepracor's Estorra (eszopiclone) for insomnia.

There is already a veritable armoury of treatments for cardiovascular conditions, but pharmaceutical companies obviously think there is room for more. New kids on the block will probably be Servier's Procoralan (ivabradine) for prophylaxis and treatment of angina pectoris, Bristol-Myers Squibb's Vanlev (omapatrilat) for hypertension and heart failure and Pfizer's Revatio (sildenafil) for pulmonary arterial hypertension.

Maybe many women are choosing to wait before having children because the range of contraceptives on offer keeps growing. This year looks like being no exception, with Schering likely to launch Yasminelle (ethinylestradiol and drospirenone), a low dose version of its existing Pill Yasmin. In the related health arena of osteoporosis, Pfizer may release Oporia (lasofoxifene), a selective oestrogen receptor modulator.

It will come as no surprise if Roche's licence for Herceptin (trastuzumab) is extended to include early breast cancer as well as advanced disease. Another long-awaited product is Adartel (ropinirole), GlaxoSmithKline's treatment for moderate to severe idiopathic restless legs syndrome. This looks likely to come to the UK this year, having already been approved by the European Medicines Evaluation Agency.

The selection of drugs for rheumatoid arthritis has been gradually increasing over the last decade and next year looks to continue the trend. Bristol-Myers Squibb may look to launch Orencia (abatacept), and there are rumours that Roche will seek a licence extension for MabThera (rituximab).

Bristol-Myers Squibb and Merck have been working together on the first of a new class of compounds called glitizars for type 2 diabetes, and may seek a licence for Pargluva (muraglitazar). And will 2006 see the introduction of inhaled insulin? Pfizer and sanofi aventis must hope so, as their joint product Exubera has been heralded as the next big thing for some time.

Moving from inhaled drugs to inhaler devices, SkyePharma could seek licensing approval for Flutiform, a combination of

Healthcare
monitors uk

FREE INSTORE TRIAL

How often do you see something that you think would be beneficial to your pharmacy, and get the chance to try it for free – without obligation or commitment?

Why not try our K5 Health Monitor?

As you can see overleaf, the K5 monitor performs a detailed health check:

- Records Weight & Height
- Body Mass Index
- Systolic Blood Pressure
- Diastolic Blood Pressure
- Pulse & Vends Two Price Points (determined by you)

The K5 monitor is extremely user-friendly, having visual and audio instructions for the customer, with results being printed onto a ticket for retention.

These monitors have been successfully installed on a wide variety of sites, including hospitals, doctor's surgeries, supermarkets, motorway service stations, shopping malls, pharmacies and fitness clubs nationwide.

The K5 represents the "next generation" of health monitors, reflecting the needs of today's more "health aware" society. To help you determine the best option for you, we would like to offer you a no obligation trial so that the level of revenues can be determined. The terms of the trial are as follows:

Terms of Trial

For the trial (approx 45 days), Healthcare Monitors will install a refurbished K5 monitor in your pharmacy.

At the end of the trial we will have ascertained revenue and can discuss which option would then suit your business:

- Outright purchase of refurbished monitor £1,350 + VAT, includes 12 month warranty on all parts, labour and consumables. A maintenance contract is available thereafter at an initial cost of £140 + VAT per annum.
- A share of future takings (subject to turnover).

1. Should you decide not to proceed aftaer the trial period, all revenue taken during the trial will be the property of Healthcare Monitors UK, to help defray our costs for installation/removal.
2. Should you buy the monitor after the completion of the trial, all revenues will be yours.

I know that you will want to seize this opportunity to be at the forefront of contract developments so fax today the request for a no obligation trial on 0113 265 0134

Yours sincerely,

Andrew Apperly B.Sc., M.R.PHARM.S.
Director

I agree to the terms above and wish to trial your K5 health monitor at no cost to me. Please phone / email me to arrange an installation date.

Business Name & Phone Number

E-mail

Signed _____

Name _____

Date _____

Best time to phone _____

TRY THE ADVANCED K5 HEALTH MONITOR IN STORE - AT NO COST, NO RISK, NO OBLIGATION

RECORDS: WEIGHT • HEIGHT • BODY MASS INDEX • SYSTOLIC & DIASTOLIC BLOOD PRESSURE • PULSE

2006 IS A YEAR FULL OF OPPORTUNITIES

Prices from £1,350.00 +vat

Sample Ticket

```
            PROFIT WISE CHEMIST
              1 EASY STREET
              MONEY CITY 1
            TEL: 0113 232 3343

WEIGHT.............................11st 11lbg
HEIGHT.............................5' 8"/173c

BLOOD PRESSURE:
· MAXIMUM SYSTOLIC.....................125mmHg
· MINIMUM DIALISIC.....................76mmHg
PULSE PER MINUTE MIUNTE.....................83

ATMOSPHERIC PRESSURE...................774mmHg
SPRING.....................FRIDAY, 10/01/06
TIME.....................................13:09

YOUR BODY MASS INDEX ACCORDING TO THE WORLD
HEALTH ORGANISATION IS THE FOLLOWING (BMI-
WEIGHT/HEIGHT):
· B.M.I.....................................23.9

FOR A NORMAL B.M.I. YOUR WEIGHT SHOULD BE
BETWEEN:
· IDEAL WEIGHT.....................59.9-74.5Kg

ASSESSMENT OF THE BMI:
· NORMAL BETWEEN:.....................20 & 24,K9
· OVERWEIGHT:.....................OVER 25

BLOOD PRESSURE RECOMMENDATIONS ACCORDING TO THE
WORLD HEALTH ORGANISATION (W.H.O):
                    MAX.              MIN.
· NORMAL UP TO:     140                90mmHg
· BORDERLINE:       141-159          91-94mmHg
· HYPERTENSIVE:     160+               95mmHg

IF YOUR BLOOD PRESSURE READING ARE NOT WITHIN
THE RECOMMENDED LIMITS ON TWO CONSCUTIVE DAYS
PLEASE CONSULT YOUR DOCTOR.

          THANK YOU FOR YOUR VISIT
```

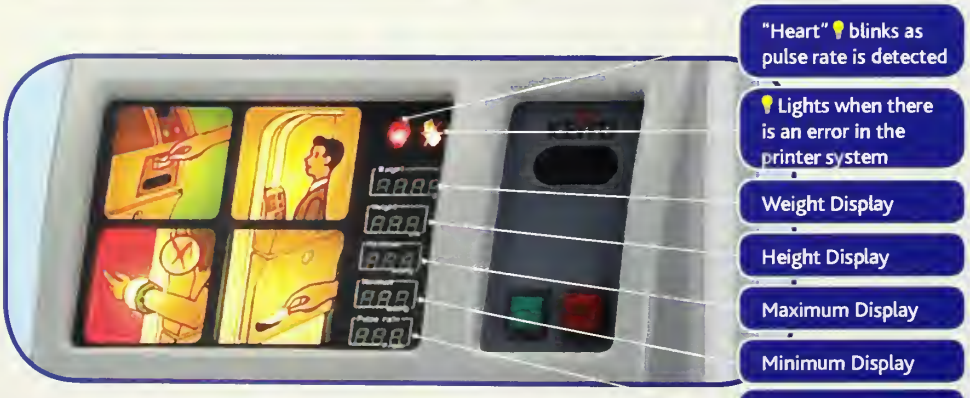
Vends @ Two Price Points

1 The top left frame blinks slowly when the monitor is not in use. When it detects a weight of more than 3kg on the platform, the frame blinks faster and instructs the customrer to insert a coin.

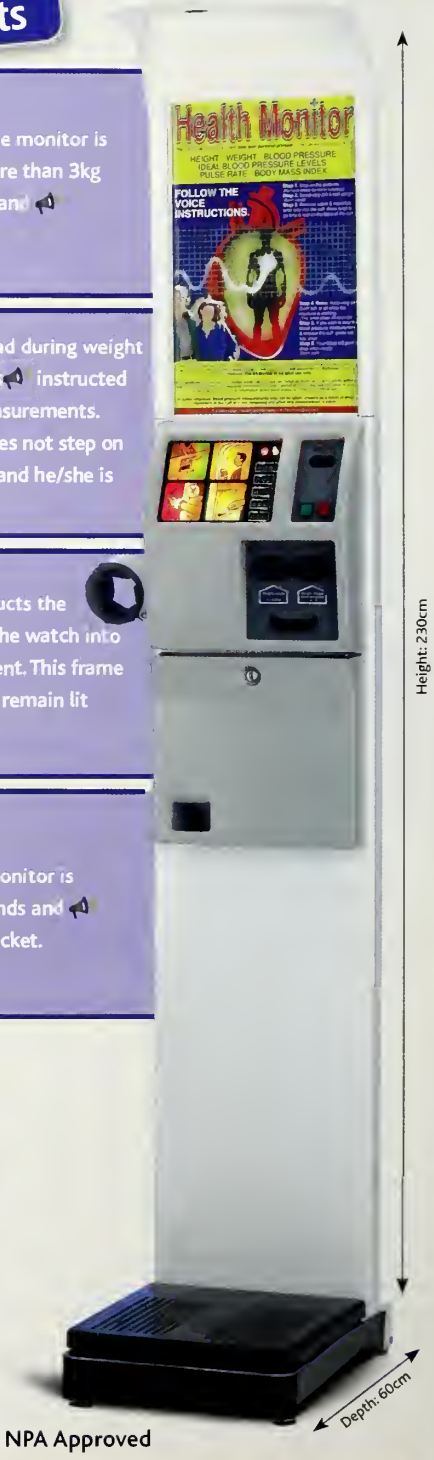
2 The top right frame remains lit before and during weight and height measurements. The customer is instructed to stand still and upright during these measurements. If the customer inserts his/her coin but does not step on the platform this frame blinks quickly and he/she is instructed to step on the platform.

3 The lower left frame lights and instructs the customer to insert the left wrist without the watch into the cuff for the blood pressure measurement. This frame will blink until the wrist is inserted then remain lit during the measurement.

4 The lower right frame lights when the Monitor is printing, the frame blinks for a few seconds and instructs the customer to collect his/her ticket.



- "Heart" blinks as pulse rate is detected
- Lights when there is an error in the printer system
- Weight Display
- Height Display
- Maximum Display
- Minimum Display
- Pulse Display



NPA Approved

Take advantage of the new opportunities - see over for details of your FREE instore trial

formeterol and fluticasone. In addition, Altana may push for a licence for its phosphodiesterase-IV inhibitor Daxas (roflumilast) for asthma and COPD.

Novartis is excited about Zelmac (tegaserod), a 5-HT_4 partial agonist that acts on gut receptors to normalise gut motility and relieve the symptoms of irritable bowel syndrome, such as pain and bloating. As well as IBS, the company says the product has been developed to treat functional dyspepsia and chronic constipation.

The race is on for the first UK cervical cancer vaccine, with GSK and Sanofi Pasteur MSD looking to launch Cervarix and Gardasil respectively. With a marketing authorisation already submitted to EMEA for Gardasil, it looks as though Sanofi may win this particular battle. But if this turns out to be the case, GSK may find solace in some other vaccines that may hit the UK market in 2006, including Rotarix for rotavirus and Simplirix for genital herpes.

Shire Pharmaceuticals is looking to launch a couple of specialised, but important, drugs including Elaprasetm (idursulfase) for Hunter syndrome, and Fosrenol (lanthanum carbonate) for hyperphosphataemia in end-stage renal disease. Pfizer is also looking to launch a niche product – the oncology agent Sutent (sunitinib malate).

Two drugs that treat a leading a cause of blindness are Pfizer's Macugen (pegaptinib sodium) and Novartis's Lucentis (ranizumab). Both products are vascular endothelial growth blockers used to fight wet age-related macular degeneration and seem likely to get the go-ahead in the UK.

But the daddy of them all has to be Sativex. GW Pharmaceuticals has suffered several setbacks in gaining approval for the cannabis-based medicine, but the results of a further trial conducted at the request of the MHRA should settle things one way or the other. If launched, patients with multiple sclerosis are likely to celebrate, but quite what the tabloid newspapers will make of it is anyone's guess.

OTC switches

Already under consultation with the Medicines and Healthcare products Regulatory Agency are sumatriptan and zolmitriptan for migraine, Curanail (amorolfine) for fungal nail infections and Cysticlear (trimethoprim) for urinary tract infections. All seem likely to gain Pharmacy medicine status.

With its push towards self-care, the current Government policy points towards switches for many other products. With a long history of use, low cost and well-established safety profile, the humble salbutamol inhaler may well be the first OTC asthma product on the market. And if successful, expect more – possibly terbutaline and maybe even beclometasone.

Many Boots stores are now supplying the anti-obesity agent orlistat under patient group direction, so would there be any point in reclassification? The success of the Boots weight management clinics and sales of OTC orlistat in Australia suggest that there is a market, so maybe 2006 will see Xenical or its compatriot Reductil (sibutramine) gain P status.

Drugs for erectile dysfunction would certainly prove popular with customers if available over the counter. But would the inevitable questionnaire and sales protocol deter pharmacists and their staff? If Viagra, Levitra or Cialis switch from POM to P, we'll soon find out.

The OTC oral analgesic market is driven by products containing paracetamol, aspirin or ibuprofen. Will these three agents be joined by mefenamic acid for period pain? And pharmacy's indigestion offering may grow if lansoprazole – mooted for OTC status for some time – is reclassified.

Lest we forget, last year saw the much longed for (by pharmacists, at least) introduction of OTC chloramphenicol eye drops. Maybe a fellow antibiotic will join it, and chloramphenicol eye ointment and fusidic acid viscous eye drops seem logical options. And talking of fusidic acid, surely now is the time to start selling an impetigo treatment?

So there you are – if all this happens, proprietors can look forward to a fatter, even more useful *C&D Guide to OTC Medicines and Diagnostics*, an abundance of new prescription products and maybe even soaring medicines sales. Just don't say you weren't warned.

Patient Safety 2006, ICC Birmingham
February 1-2
enquiries@patientsafety2006.nhs.uk

Market opportunities & technology trends in point of care diagnostics, Grange Holborn Hotel, London
February 6-7
jholland@smi-online.co.uk

First European Drug Repurposing Strategies, London
February 23-24
enquire@iqpc.co.uk

Young Pharmacists Group 20th YPG year celebrations, Birmingham
February 25-26
Contact Emma Holden
0121 694 6890

NHS Scotland Change Convention, Improving performance & delivery through change and innovation, SECC, Glasgow
March 7-8
www.nhsscotlandevent.com

The Company Chemists' Association & National Association of Chain Drug Stores seminar – New Frontiers Marriott Hanbury Manor, Ware, Herts
March 19-22
www.thecca.org.uk

Healthcare Computing Conference & Exhibition 2006
March 22-25
www.healthcare-computing.co.uk

LPC conference followed by the Pharmaceutical Services Negotiating Committee annual dinner, Queen Elizabeth II Centre, London
March 22
PSNC 01296 432823

Healthcare Computing Conference and Exhibition, Harrogate
March 22-25
01932 821723 or
www.healthcare-computing.co.uk

British Society for the History of Pharmacy Annual Spring Conference, Swallow Lansdown Grove Hotel, Bath
March 31 – April 2
01372 723001

Association of the British Pharmaceutical Industry, AGM and dinner, Marriott Hanbury Manor, Ware, Herts
April 6
020 7930 3477

Avicenna annual conference, Goa & Mumbai, India
April 13-20
01883 372345

National Association of Women Pharmacists conference, Kents Hill Centre, Milton Keynes
April 21-23
01974 298165 or
moore11globalnet.co.uk

RPSGB Symposium on Pharmacovigilance of herbal medicines: current state and future directions, Royal College of Obstetricians & Gynaecologists, Regent's Park, London
April 26-28
www.rpsgb.org/science

Primary Care 2006, NEC, Birmingham
May 4-5
Sterling events 0151 709 8979

Nucare 11th Annual Convention, Intercontinental Holiday Inn, Stratford upon Avon
May 4-5
020 7498 8211

United Kingdom Clinical Pharmacy Association joint Spring Symposium with Guild of Healthcare Pharmacists and AGM, Radisson Edwardian Hotel, Heathrow
May 12-14
0116 277 6999

Ulster Chemists Association Conference Wellington Park Hotel, Belfast
May 14
02890 320787

Royal Pharmaceutical Society AGM and Branch Representatives' meeting. Venue to be confirmed
May 24-25
020 7572 2333

AAH Convention, Athens
June 2-7
Debbie@gravitaspr.co.uk

British Association of Pharmaceutical Wholesalers Annual Conference, Hanbury Manor, Ware, Herts
June 7
020 7031 0590
www.bapw.co.uk

RPSGB Scottish Executive Annual General Meeting, 36 York Place, Edinburgh
June 13
0131 556 4386
Lynda@RPSRS.com

Cosmetics, Toiletry & Perfumery Association AGM and dinner, Hotel Intercontinental, London
June 15
020 7491 8891

Proprietary Association of Great Britain AGM and dinner, Park Lane Hotel Sheriton, London
June 22
020 7242 8331

RPSGB Welsh Executive Annual General Meeting and lecture, Millennium Centre, Cardiff
July 5
02920 412800

International Pharmaceutical Federation, Salvador Bahia, Brazil
August 25-31
0031 70 302 1982
www.fip.org/brazil/2006

UniChem Convention, Rio
September 1-9
Conference line: 0800 634 0119

British Pharmaceutical Conference, Manchester International Convention Centre, Manchester
September 4-6
0121 248 3399

Institute of Healthcare Management Annual Conference, Cardiff International Arena
November 14-15
020 7881 9235

United Kingdom Clinical Pharmacy Association Autumn Symposium, The Hinckley Island Hotel, Leicestershire
November 17-19
0116 2776999

conferences 2006

The first licensed head lice medicine without pesticides

No neuro-toxins

The first licensed medicine developed specifically to kill head lice without pesticides.

No problem with eggs

Hedrin's two-step treatment kills head lice - then goes on to kill lice from any newly hatched eggs, when used again 7 days later.

No resistance

Hedrin works by killing lice physically, rather than by poisoning, so it even kills insecticide-resistant lice, time after time.

Suitable for sensitive skin

Hedrin isn't absorbed through the skin so it's suitable for children from 6 months. Hedrin does not contain any solvents which may be problematic in asthma.

No nasty odours

Colourless, odourless Hedrin's silky lotion means it's easy to apply. It even leaves the hair feeling glossy and conditioned.

Easy to use

Hedrin's convenient shatterproof bottle with a dropper applicator allows accurate and economic treatment.

DON'T LOSE YOUR HEAD
USE YOUR HEAD
USE YOUR HEDRIN

Product Details
Hedrin 4% Lotion Dimeticone 50ml PIP Code: 317-4166 RRP: £4.99 Trade Price: £35.70 (12) EAN: 5011309885019
Hedrin 4% Lotion Dimeticone 150ml PIP Code: 317-4174 RRP: £11.49 Trade Price: £41.00 (6) EAN: 5011309885217

Product Information Hedrin 4% Lotion. Presentation: cutaneous solution containing 4% dimeticone w/w. **Indications:** for the eradication of head lice infestations **Dosage and administration:** Adults and children over 6 months: Apply sufficient lotion to cover dry hair from the base to the tip to ensure that no part of the scalp is left uncovered. Work into the hair spreading the liquid evenly from roots to tips. Allow hair to dry naturally. Hedrin should be left on hair for a minimum of 8 hours or overnight. Wash out with normal shampoo, rinsing thoroughly with water. Repeat the treatment after seven days. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions and Warnings:** Discontinue at the first appearance of a skin rash or any other signs of local or general hypersensitivity. For external use only. If accidentally introduced into the eyes, flush with water. **Side Effects:** Minor adverse events include an itchy or flaky scalp and dripping/irritation around the eyes. **Product License Holder:** Thornton

Available on FP10

Take AIM

Two pharmacy bodies are courting the same customers. Steven Williams and Roy Carrington tell **Max Gosney** how AIMp is just meant for independent multiples

In rural Cheshire at the headquarters of the Association of Independent Multiple Pharmacies (AIMp) a storm is brewing.

An organisation, which represents the interests of independent contractors operating between five and 300 pharmacies, is squaring up to a rival suitor. "We are meeting individuals behind the proposed Independent Pharmacy Federation to clarify the situation," says AIMp chairman Steven Williams on plans to create a second organisation seeking to represent independent multiples. "Who they seek to represent is up to them. But we feel we represent the interests of contractors with five or more pharmacies very well," he adds.

AIMp chief executive and former Co-op chief Roy Carrington reinforces the rebuke.

"The people behind the IPF need to identify a real immediate need for this organisation," he says. "We take the view that anybody can establish themselves as we did with AIMp. But we don't see a great deal of difference between what they're proposing and what we already offer, except the fact that we give members more."

At the double: Roy Carrington, right, and Steven Williams

Founded by a group of regional multiples including Cohens, Day Lewis and Weldricks in 2000, AIMp aims to provide collective security for its members. "We felt we were under-represented on a national and local level," explains Mr Williams, who also runs P Williams (chemists) group. "But it was also about sharing business experience. Our members have similar operating models and areas of concern including central purchasing and professional development support."

Annual fees, which range from £500 and are dependent on the number of pharmacies owned, secure representation on PSNC, guidance from NHS stakeholders, commercial opportunities through wholesalers and IT suppliers and a soapbox for pharmacists' views.

Mr Williams says: "Things are changing in pharmacy and we need to be able to work together. If one member has found a way to solve a problem like waste management then they can share that for the benefit of the others."

AIMp's 70 members, who represent 1,200 pharmacies in England and Wales, meet four times a year to exchange advice. The new contract in England and Wales has been a hot topic, reports Mr Williams. "Our members are embracing it. Pharmacists feel more like they are part of the NHS."

Criticism from some stand-alone independents that the new contract is skewed towards the multiples does not stand judgement, argues Mr Williams. "Multiples have higher running costs than independents and it shouldn't be seen as automatic that they are making more profit. Head office and staffing all costs extra money, which is not reflected in the new contract."

However, adds Mr Carrington, the regional multiples of AIMp are keen to distinguish themselves from national firms like Boots and Lloydspharmacy. "Our members remain very close to the day to day running of their pharmacies, which means they are well placed to meet local needs. When you have more than 300 sites, management becomes distanced from staff on the ground. You've got to have a more corporate structure with a system everyone can follow."

AIMp on:

Plans for an independent pharmacy federation:
"It would be a concern for independents if there were too many bodies claiming to represent the sector."

New contract:
"We've worked really hard to keep members up to speed with the changes. Pharmacists are keen to embrace their new roles."

A possible merger with the Independent Pharmacy Federation or Company Chemists' Association:
"Makes no sense – our raison d'être is very different."

Secret of pharmacy success:
"Satisfy the requirements of the NHS. If you get that right then you have a customer base."

Future of AIMp:
"We want to represent all those companies which have five to 300 pharmacies. I want us to be more influential on PSNC and local pharmacy committees. And I would also like to develop the commercial offer."

Switch for success.

Optrex - helping you turn on the potential of eyecare.

✓ Optrex Infected Eyes Eye Drops (chloramphenicol)
- the first antibiotic eye drop available OTC
- the fastest selling eyecare product[1]

✓ Optrex - leading the eyecare market[2]
- the most trusted eyecare brand by your customers[3]
- Optrex: effective care for a range of OTC eyecare conditions

✓ Optrex support tools, to help your business
- accredited training modules empowering confident diagnosis amongst your team
- £2m launch support (including national TV & Pharmasites) driving customers to pharmacy
- full in-store package to drive customer awareness in pharmacy
- on-going pharmacy support, including additional accredited eyecare training - coming soon

OPTREX INFECTED EYES EYE DROPS Eye drop containing chloramphenicol 0.5% w/v. **Indications:** Treatment of acute bacterial conjunctivitis. **Dosage:** Adults, children aged 2 years and over and the elderly: One drop instilled into the infected eye every 2 hours for the first 48 hours and 4 hourly thereafter. To be used during waking hours only. The course of treatment is 5 days. Treatment should continue for 5 days even if symptoms improve. **Contraindications:** Hypersensitivity to any of the ingredients. Persons who have experienced myelosuppression during previous exposure to chloramphenicol. Patients with a family history of blood dyscrasias. **Warnings and Precautions:** A doctor should be consulted if symptoms do not improve within 48 hours or at any time if symptoms worsen. Allergy to any of the ingredients. Discard any remaining eye drops after the five day course of treatment **Undesirable effects:** Transient irritation and stinging may occur. Hypersensitivity reactions and bone marrow problems. **Legal Classification:** P. **Licence Holder:** Optrex Limited, Nottingham NG2 3AA. **Licence Number:** PL 00062/0051. **Price:** £4.79. **Date of preparation:** June 20

References: 1) Optrex Infected Eyes Eye Drops has the highest unit & cash rate of sale in eyecare (AC Nielson w/e 1/10/05). 2) Optrex is the Number 1 OTC eyecare brand in volume & value sales

A fist full of collars

David Reissner and Noel Wardle look at how recent regulatory changes are increasing the ways in which veterinary medicines can be supplied

The tight grasp vets have on the supply of POM veterinary medicinal products ("VMPs") is being opened up to pharmacists in a three-pronged attack following an investigation by the Competition Commission that started over four years ago.

After a lengthy investigation and consultation, the Commission concluded that a complex monopoly system operated between manufacturers, wholesalers and veterinary surgeons which:

- prevented pharmacists from competing in the market, and
- kept United Kingdom prices for POMs substantially higher than elsewhere in Europe.

It has moved to break the monopoly apart to the benefit of animal owners and, if they are prepared for the changes, pharmacists.

This article examines the three-pronged attack and its impact on the industry, looking at:

1. Changes to the *Royal College of Veterinary Surgeons Guide to Professional Conduct*.
2. *The Supply of Relevant Veterinary Medicinal Products Order 2005*.
3. *The Veterinary Medicines Regulations 2005*.

RCVS Guide

At its council meeting on November 3, 2005, the RCVS approved changes to the *Guide to Professional Conduct* that have the potential to revolutionise the way in which VMPs are supplied in the UK by providing transparency in the costs of veterinary treatment in the following ways:

- All vets will have to display prominently a large sign in the surgery advising on the availability of and charge for prescriptions, the 10 most commonly prescribed or dispensed POMs and the availability of further information on prices for all POMs stocked or sold by the surgery.
- All vet bills will have to be itemised.
- Animal owners must be offered prescriptions (except for 'in-patient' use).

For a period of three years, vets must provide prescriptions at no extra charge above that of the normal consultation fee.

Supply Order

The changes to the *RCVS Guide* are all well and good, but unless pharmacists can actually compete on price with vets, animal owners will continue to obtain their animal's medication from the treating vet.

With that in mind, the *Supply of Relevant Veterinary Medicinal Products Order 2005* came into force on October 31, 2005.

The Order prohibits VMP manufacturers and wholesalers from discriminating between veterinary surgeons and pharmacists on price, discounts or rebates or other terms and conditions when supplying relevant VMPs. In short, supplies must be made to vets and pharmacies on the same terms for the same volumes whether they are supplied by the manufacturers or wholesalers.

So that pharmacies can keep an eye on the prices they are paying, manufacturers supplying POM VMPs must inform vets and pharmacies, not less than once every three months, of the list price of all POM VMPs supplied to the pharmacy in the preceding period and, if the pharmacy requests it in writing, must quote the list price of products to be supplied in the next three months.

Regulations

So now that pharmacists have, in theory at least, a level playing field when it comes to dispensing POMs, what do they need to know in order to get a piece of the action in addition to their usual professional responsibilities under the *Code of Ethics*?

The *Veterinary Medicines Regulations 2005* came into force on October 30, 2005 and replaced the *Medicines Act 1968* and 45 other

statutory instruments as they applied to veterinary medicines. They deal with the manufacture, distribution, advertisement and supply of veterinary medicinal products and are intended to simplify the plethora of legal sources for the supply of VMPs while also implementing a recent EU directive.

VMPs have been reclassified into one of five categories:

- Prescription Only Medicine – Veterinarian (POM-V);
- Prescription Only Medicine – Veterinarian, Pharmacist, Suitably Qualified Person (POM-VPS);
- Non-Food Animal-Veterinarian, Pharmacist, Suitably Qualified Person (NFA-VPS);
- Authorised Veterinary Medicine – General Sale List (AVM-GSL);
- VMPs to be used solely for treating small pet animals, which do not require a product licence.

As with human medicine, the question of who can prescribe and supply VMPs in each category will depend on the classification given in the product licence.

POM-Vs can only be supplied by a vet or a pharmacist in accordance with a prescription written by a vet. For POM-VPS, the prescription

"There is a real opportunity for pharmacists to tap into a market that has been difficult to penetrate"

can be issued by a vet, pharmacist or "suitably qualified person". The prescription must contain the following information:

- the name and address of the person prescribing the product;
- the qualifications enabling the person to prescribe the product; the name and address of the owner or keeper;
- the species of animal, identification and number of animals;
- the premises at which the animals are kept if this is different from the address of the owner or keeper;
- the date of the prescription; the signature or other authentication of the person prescribing the product; the name and amount of the product prescribed; the dosage and administration instructions; any necessary warnings;
- the withdrawal period (if the medicine is for a food-producing animal).

A written prescription for a Controlled Drug is valid for three weeks. One for any other drug is usually valid for six months.

The pharmacist must keep records of all supplies of POM-V and POM-VPS VMPs – a kind of animal PMR – which must include: the date; the identity of the VMP; the quantity; the name and address of the recipient; the name and address of the prescriber and a copy of the prescription. Documentation must be kept for at least five years. At least once a year, the pharmacy must carry out a detailed audit, and incoming and outgoing VMPs must be reconciled with products currently held in stock. Any discrepancies must be recorded.

When the Regulations were first drafted, they contained a prohibition on the supply of VMPs by post. This caused a number of complaints and the Government has dropped this prohibition from the final version so pharmacies could consider setting up mail order pharmacies for VMPs.

There is little scope for vets or pharmacies to supply unlicensed medicines, except under the "cascade process" where, in exceptional circumstances to alleviate suffering, a medicine authorised for use in another member state, for another animal, for a human, or one prepared extemporaneously by a vet or a pharmacist (in accordance with a prescription) may be supplied.

There is a real opportunity for pharmacists to tap into a market that, up until now, has been difficult to penetrate. Pharmacies willing to expand their business and undergo the requisite training to be able to properly advise animal owners can expect to reap the rewards, but pharmacy must publicise this new "patient power" to prevent it from going un-noticed by animal owners; it is unlikely that anyone else involved in the monopoly identified by the Competition Commission is going to push hard for the reformation to become revolution.

David Reissner is a partner and head of pharmacy/healthcare & regulatory and Noel Wardle is a solicitor at Charles Russell LLP.

A dividing issue

Legal executive **Kevin Johncock** considers what effect a divorce settlement will have on a business

There are an amazing 160,000 divorces in England and Wales each year, with many marriages sadly not lasting longer than seven years. Often when couples split there are financial disputes on which the court will decide, and when it does all assets (whether joint or personal) are taken into consideration. In the case of pharmacists, this will include your retail business.

In divorce proceedings, the facts of each individual case will determine the financial outcome for the parties. The factors (for each spouse) are:

- Income, earning capacity, property and other financial resources presently and in the future.
- Financial needs, obligations and responsibilities, presently and in the future.
- Standard of living enjoyed by the family before the breakdown of the marriage.
- Ages and duration of that marriage.
- Physical and mental health.
- Contributions each have made or make to the welfare of the family including looking after the home or caring for the family.
- Value of benefits, such as pension provision, which a spouse may lose because of divorce.
- Inequitable conduct that should not be ignored.

While each factor carries equal importance, the court's first consideration will be the welfare of any child of the family under 18 and where possible a "once and for all" settlement (a "clean break") will be ordered. But this may not always be possible, for example if it would not be in the interests of the child. So the court has wide discretion.

The couple are obliged to make full disclosure of their financial positions to one another so that proposals can be made. Until recently the court tried to avoid making an order that meant that a business had to be sold contrary to the wishes of an owner who wished to continue to trade. The business was seen as a "continuing source of income", not as an "immediate source of capital".

However, since the landmark case of White vs White, new principles of "fairness" and a "yardstick of equality" were established and a departure from equality will only apply where there is a good reason for doing so. This equalised the roles of the breadwinner and the homemaker.

So, the value of a pharmacy business will now be added to the other assets, such as the matrimonial home or indeed any other homes or financial assets. All assets are put into the melting pot for the court to consider. However, the methods of valuing a business can vary and advice sought from an accountant is recommended. However, just because that business's income comes from the NHS will not in any way affect its value (compared to income from retail trading or other sources).

Now the question is, does the "yardstick of equality" and "fairness" mean that a divorcee will always receive a 50/50 share? Not necessarily. A husband or wife may argue there should be departure from equality, perhaps by reason of them being very wealthy before the marriage (or indeed through having become wealthier after it has ended). Although the value of the business is important, it would be unrealistic to expect that a non-pharmacist spouse could take over the business: non-registration would prevent this. There is also less chance of a 50/50 split if the marriage was short.

"Can forward planning protect a pharmacist's business? Not if you are already married"

Can forward planning protect a pharmacist's business? Not if you are already married. However, if you are single then a prenuptial agreement when you do tie the knot (which sets out terms in the event of a divorce), can attempt to protect your assets. However, such agreements are not yet fully embraced by the courts – although recently courts have been more willing to take them into account. But events like the subsequent birth of children or changes in circumstances such as the illness of a spouse can undermine them.

A prenuptial agreement, while prudent, is not yet a cast iron way to protect your business and wealth should there be a subsequent divorce.

Kevin Johncock is a legal executive with the Family Team of Vizards Wyeth Solicitors.

Classifiedads

0207 921 8124

All major credit cards accepted

Contact Amy Turner. Chemist & Druggist (Classified), CMP Information Ltd, Ludgate House. 245 Blackfriars Road, London SE1 9UY. **Telephone:** 0207 921 8124, **Fax:** 0207 921 8130. **Internet:** *www.dotpharmacy.co.uk*, **E-mail:** *pharmacysales@cmpinformation.com*
Appointments £27.00 per single column centimetre.
General classified £18.00 per single column centimetre.
Booking and copy date 12 noon Monday prior to Saturday publication subject to availability.

Appointments

DISTRIBUTORS WANTED FOR UK AND NORTHERN IRELAND

OUR CLIENT IS A SPANISH COMPANY WITH HEAD OFFICE IN BARCELONA. THE PRODUCTS, MOST OF WHICH ARE OF EC ORIGIN, ARE DESIGNED AND DEVELOPED BY THEM UNDER RIGOROUS UNIT BY UNIT QUALITY CONTROL.
A TOP RANGE OF OVER 500 QUALITY PRODUCTS AT PRICES WHICH ALLOW FOR GENEROUS MARGINS BUT STILL REMAIN AFFORDABLE AND COMPETITIVE:-
BEAUTY, COSMETIC & HAIRCARE ACCESSORIES
MANICURE & PEDICURE IMPLEMENTS
BATH & SHAVING REQUISITES
FIRST AID & FOOTCARE PRODUCTS
POINT OF SALE FLOOR MERCHANDISERS AS WELL DISPLAY UNITS TO FIT EXISTING INSTALLATIONS ARE PROVIDED FREE OF CHARGE COMMENSURATE WITH ORDER.
OWN LABEL PACKAGING CATERED FOR SUBJECT TO MINIMUM QUANTITIES.
FOR FULL INFORMATION AND A COLOUR BROCHURE CONTACT US IN GIBRALTAR BY FAX OR E-MAIL ATTACHING COMPANY PROFILE.

FAX No +350 41544 E-MAIL Luigi@gibtelecom.net

Alliance Pharmacy
Dispenser - Cambridge

Alliance Pharmacy, one of the UK'S largest Pharmacy Chains, currently has an excellent opportunity available for an experienced or qualified Dispenser in our Sawston branch.

Full training and support with be provided, as well as an excellent salary and benefits package. Full or part-time hours will be considered.

To apply please send CV and covering letter to Debbie Roberts, Alliance Pharmacy, Carisbrooke Court, Anderson Road, Buckingway Business Park, Swavesey, Cambridgeshire, CB4 5UQ or email debbie.roberts@alliancepharmacy.co.uk

Alliance Pharmacy
Relief Dispenser - Hertfordshire

An exciting opportunity has arisen for an experienced Dispenser to work across five branches within a 15-mile radius of Welwyn Garden City. Full and part-time hours are available.

Full training and support with be provided, as well as an excellent salary and benefits package.

To apply please send CV and covering letter to Debbie Roberts, Alliance Pharmacy, Carisbrooke Court, Anderson Road, Buckingway Business Park, Swavesey, Cambridgeshire, CB4 5UQ or email debbie.roberts@alliancepharmacy.co.uk

Businesses Wanted

Buying a pharmacy?
Ease the cash flow pains of starting up.
FastFlow for Pharmacy enables you to receive immediate payment for your NHS dispensing.
Contact Andy on Freephone:
0808 144 5554
or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com
pharmacy partners
the power to prosper
1723

COHENS CHEMIST GROUP
Pharmacy chain looking to expand in the North-West & West Yorkshire areas.
Best prices paid, all turnovers/size of groups considered.
please contact Colin Caunce on 07966 524162 or Yakub Patel on 07930 577799.

Adam Myers
For all your healthcare needs
A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk

Viva Pharmaceuticals
We are currently looking to expand our pharmacy chain in the Midlands.
All information treated in the strictest confidence with best prices paid.
Consideration given to all turnovers/size of group with immediate decision.
Please contact Steve on 07716303635 or 07973114192.

Shopfitting

Planning a re-fit? Adding a new consulting room?
Why go into debt with all the pressures of repayments and security?
Use the alternative source of funding that's designed for growing pharmacy businesses.
Contact Andy on Freephone:
0808 144 5554
or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com
pharmacy partners
the power to prosper
1722

Courses

Buttercups Training Ltd
Membership of The Buttercups Academy now available!
Modular CPD for Medicine Counter Assistants and Pharmacy Technicians
For a fast and friendly response, our team is waiting to help!
e-mail: training@buttercups.co.uk
web: www.buttercups.co.uk
or tel: 0115 9374936
BUTTERCUPS TRAINING LTD.
FAIRWAY, BACK LANE,
NORMANTON ON THE WOLDS
NOTTINGHAM
NG12 5NP
BUTTERCUPS ACCREDITED TRAINING PROVIDER
INVESTOR IN PEOPLE
City & Guilds

pharmacies for sale

Coupon redemption

Products & Services

Products & Services

Products & Services

Products & Services

STUD 100® and The Big Squeeze

Pharmacists,

Is your business being squeezed from all sides? - by local competitors - by the chains - by superstores - by rising costs?

STUD 100® Desensitizing Spray for Men will boost your sales and your profits by offering you:

- High Profit Margins – *isn't that why you are in business*
- Frequent, repeat sales – *take advantage of the exciting market for Sexual Health products*
- Low retail price – *at £5.50 each*
- No medical prescription – *it is an OTC 'P' product*
- Consumer leaflets, leaflet dispensers and display materials – *all free of charge*

These are just some of the reasons you should send us your order TODAY!

- phone 020 7935 3735 or
fax 020 7224 3734 or
e-mail pound@dial.pipex.com

Tell us if you sell by mail order on the web and your pharmacy's name and address will be added to our list of mail order stockists on our website www.stud100.co.uk

Always read the label/leaflet

813

CAMBRIAN ALLIANCE

CAMBRIAN • ALLIANCE LTD

The buying group for independent pharmacy

Phone Wendy Demaid on 01792 791798

Tax Consultants & Accountants

ACCOUNTANT UNLESS YOU WANT....

A PROACTIVE FIRM WHO WILL:-

- Prepare your accounts and tax returns on a timely basis
- reduce your tax bills
- Help you to increase your profits
- Always agree fees in writing with you in advance

Call Anne NOW on 01494 722224

Email: anne@hutchingsandco .com

h&Co. Hutchings & Co.

Leading Tax Consultants and Accountants for Pharmacists.

www.pharmacyexperts.com

Tax Consultants & Accountants

THINKING OF BUYING A PHARMACY?

"Modiplus went the extra mile to assist me in the purchase of my pharmacy ...

MODIPLUS SUCCESSFULLY:

- Helped with the structure to minimise tax
- Dealt with solicitors on purchase contracts and tax issues
- Dealt with the selling agents to avoid time delays
- Advised me on purchase of goodwill or shares
- Advised me on specialist finance schemes such as Unichem, AAH & Phoenix
- Projected my profit & cash-flow
- Allocated purchase price to maximise tax

... excellent team of people who are always helpful and friendly"

MR R SUDDHI T/A MARKEATON PHARMACY, DERBY

For more information or for a FREE consultation please call Umesh or Jay:

LONDON: Umesh 020 7383 3200

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

modiplus ADDING VALUE

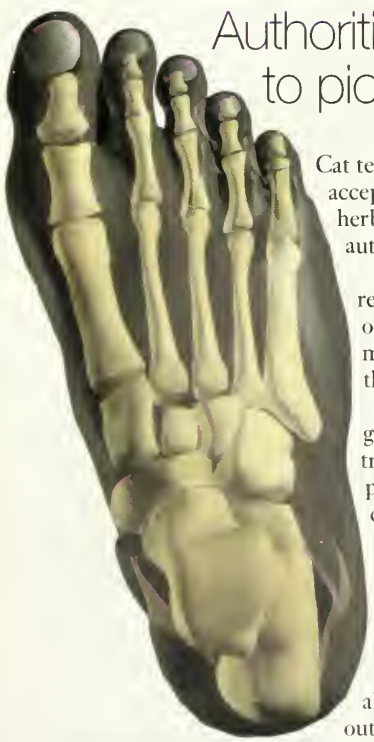
A woman of distinction

Dispensing agent Sheryl Hemsley, of the United Co-op Health Care Pharmacy in Pilsley, Derbyshire, has become the first person from a newly acquired pharmacy to complete United's Gateway to Learning course.

The course enables Health Care team members to study on the computer in their own work environment. Sheryl gained a distinction after studying a number of modules designed to enable her to give a better service to patients and customers.

Sheryl Hemsley: passed with flying colours

Authorities have a bone to pick with pharmacist



Cat testicles and pigeon blood may be acceptable, but using human bones in herbal medicine is a step too far for Indian authorities.

Swami Ramdev, one of India's most revered religious gurus, has been accused of using human bones in some of the medicines he sells at his pharmacy in the northern town of Haridwar.

The accusation was made after government tests apparently revealed traces of human bone in the swami's popular medicines, which claim to treat conditions from epilepsy to cancer.

The Indian authorities allow animal parts to be used in drugs in the Hindu health system, as long as they are properly labelled. However, the use of human parts is forbidden.

The swami has denied the allegations, claiming he is being singles out as part of a communist conspiracy.

Cambridge Counterpart winners...

Kathryn Blackmore was October's winner of the Cambridge Counterpart draw. Keen counter assistant Kathryn, from Cohen's (formerly Scholes) Chemist in Atherton, Manchester, was presented with her prize by Paul Johnson, Wyeth Consumer Health territory manager and centre manager Carol Bellis. Kathryn also works with pharmacist Rabia Badat, who was not present for the photograph

November's winner of the Cambridge Counterpart draw was Karen Walton of Barnsley, South Yorkshire. Karen has worked in the pharmacy sector and NCC for seven months. Pictured with Richard Waite, Wyeth Consumer Health territory manager, Karen said she was impressed with the learning package CC offered

Margaret Clements was the lucky winner of the Cambridge Counterpart draw in December. Margaret began working at Paydens Ltd, Larkfield, Kent as a cleaner three years ago. She became interested in the industry and trained to become a pharmacy counter assistant. Pictured from the left are: Sabrina Clark, buyer for Sangers Wholesale which supplies to Paydens Group, Amy Carson, Wyeth Consumer Health territory manager, winner Margaret Clements and Barrie Smith, pharmacy manager

pharmacy travel

EXCLUSIVE OFFER

MARK WARNER

* **FREE child places on 7 or 14 night family holidays**
* **£200 discount per couple on 14 night holidays**
* **£100 discount per couple on 7 night holidays**
* **5% bonus discount on exclusive offers**
* **7% discount on all other Mark Warner holiday prices**
* **FREE sports activities**

FREE child place offers must be booked and paid by 28 February 2006
All other offers must be booked by 28 February 2006

Mark Warner holidays offer exceptional value for money and their impressive programme features magnificently situated exclusive beach resorts where virtually everything is included. The stunning locations include Greece, the Greek Islands, Corsica, Portugal, Turkey, Sardinia, Egypt Mauritius and Sri Lanka Flights, transfers, accommodation, all meals with wine, watersports, health and beauty treatments and their excellent childcare programme are all included in holiday prices. Whether you are holidaying as a family, a couple or with a group of friends Mark Warner have the perfect recipe for fantastic holidays which can be filled with activities or totally relaxed.

For more information on Mark Warner holidays see prize details opposite.

0845 331 6677

COSTA CRUISES

EXCLUSIVE OFFER

- **Save up to 55%**
- **All meals and entertainment included**
- **FREE Captains Cocktail Party and special Gala Dinner**

Costa offer 'Cruising Italian style', a refreshingly different cruise experience with an informal friendly atmosphere and superb cuisine (because in Italy dining is always a celebration!). Onboard facilities are excellent and you can enjoy them as much as you wish, or simply relax in a deckchair and watch the world go by.

The impressive Costa programme includes Mediterranean, Northern Europe, Caribbean and South America and a selection of mini-cruises from three to seven nights. Wherever in the world you choose, with Costa you can look forward to fascinating ports of call and unbeatable value for money.

0845 331 6677

Terms, conditions and booking deadlines apply. Exclusive offers are subject to availability and may be restricted to certain dates, locations/accommodation/travel arrangements etc. Bookings must be made through Pharmacy Travel. A service provided by Holidaysaver (ABTA 55821).

For low cost travel insurance with excellent cover and many FREE extra holiday benefits and savings call Holidaysaver insurance services on 0845 331 6688

Pharmacy Travel guarantees year-round savings

A combination of generous discounts and exclusive offers always ensures excellent cost savings on:

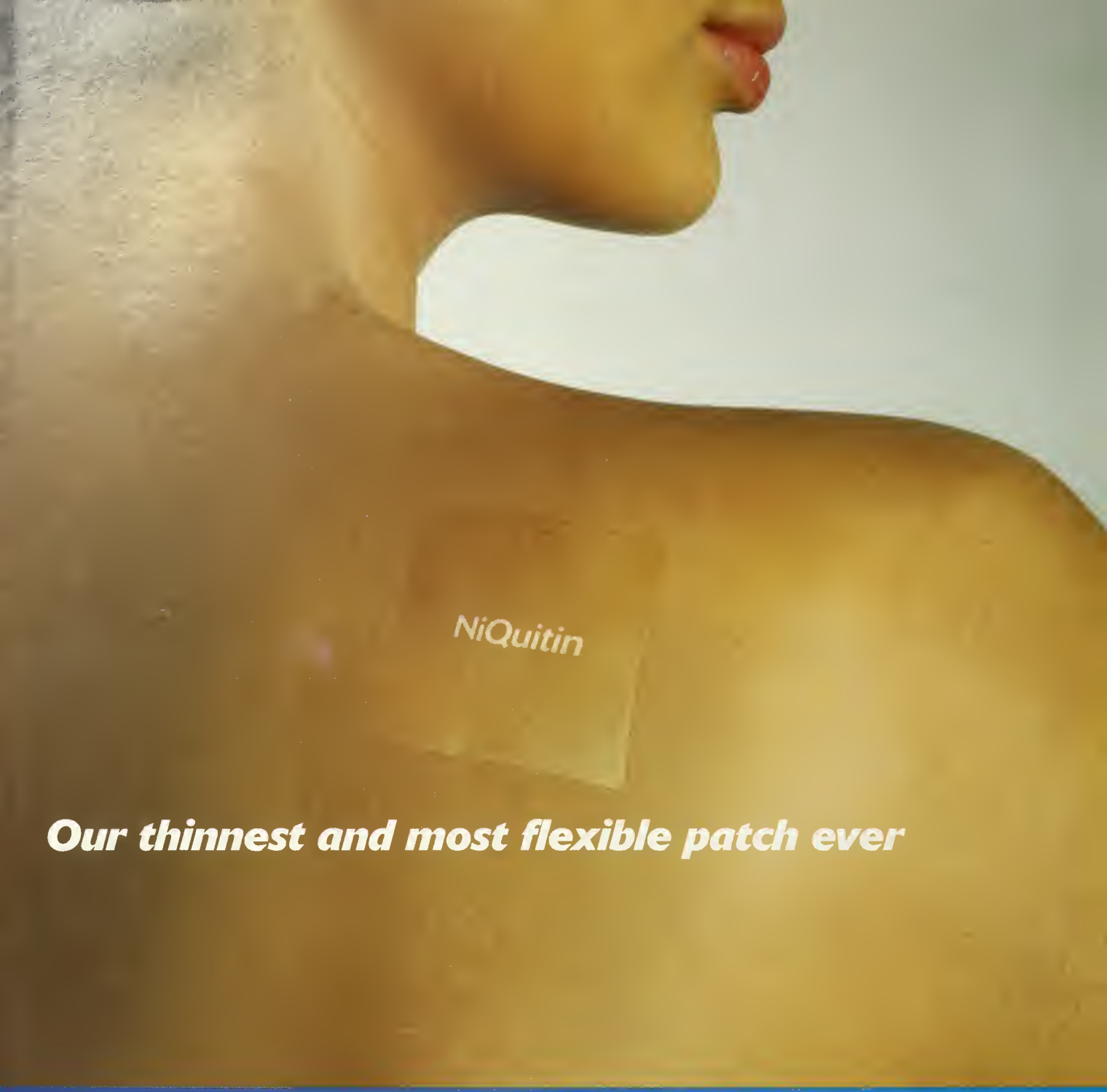
- ✔ Activity holidays
- ✔ Airport hotels
- ✔ Airport car parking
- ✔ Airport VIP lounge passes
- ✔ All-inclusive resorts
- ✔ Beach clubs
- ✔ British holidays
- ✔ Camping holidays
- ✔ Car hire – worldwide
- ✔ City breaks
- ✔ Coach holidays
- ✔ Country house hotels
- ✔ Cruises
- ✔ Escorted tours
- ✔ Farmhouses & gites
- ✔ Flights
- ✔ Fly-drive holidays
- ✔ Golfing breaks
- ✔ Health spas
- ✔ Hotel bookings
- ✔ Independent travel
- ✔ Motoring holidays
- ✔ Package holidays
- ✔ Sailing & boating holidays
- ✔ Short breaks
- ✔ Ski holidays
- ✔ Theatre breaks
- ✔ Travel insurance
- ✔ Villas and apartments
- ✔ Yacht holidays and charter

For further information call Pharmacy Travel

0870 242 6239

ABTA

holiday saver



Our thinnest and most flexible patch ever

For extra support throughout their quitting journey, customers can visit Click2Quit.com for their personal quit plan.

Quit with NiQuitin

Nicotine

NiQuitin CQ 21, 14, 7mg Transdermal Patches, NiQuitin CQ Clear 21, 14, 7mg (nicotine). See SPC for full information. Opaque or transparent transdermal patches 21mg, 14mg, 7mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults; *≥10 cigarettes/day;* Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. *<10 cigarettes/day;* Step 2 for 6 weeks then Step 3 for 2 weeks. Apply to fresh site (clean, dry skin) once daily. **Contraindications/precautions:** Hypersensitivity, cardiovascular disease, severe renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma, dermatitis. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. GSL **PL** 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95. **Date of revision:** December 2005.

gsk GlaxoSmithKline Consumer Healthcare